



DEPARTMENT OF THE ARMY
UNITED STATES ARMY COMBAT READINESS/SAFETY CENTER
FORT RUCKER ALABAMA 36362-5363

REPLY TO
ATTENTION OF

12 July 2012

APR 13 2012

CSSC-O

MEMORANDUM FOR Safety Office, (b)(6) 667A Ruger Road, West Point,
NY 10996

SUBJECT: Technical Report of U.S. Army Accident

1. Enclosed is the Ground Accident Report required by AR 385-10 for the accident involving a Cadet that occurred at West Point, NY, on 21 July 2011. Your staff was provided the findings and recommendations shortly after the completion of the field investigation phase, and we recognize that many of the recommendations may have been implemented.
2. The unit safety point of contact must review the report for technical accuracy, sign the DA Form 285 (Tab B, page 5) at block 73-75 and ensure the remaining board members review the report and sign the DA Form 285-B (Index B) prior to command review if available. Then process the report through the appropriate review channels from the unit experiencing the accident to the Direct Reporting Unit (DRU) (Approving Authority). The accident unit commander must sign the DA Form 285 (Tab B, page 5) at block 66c to initiate the review process.
3. The reviewing official will review the report, provide written concurrence or nonconcurrency with the findings and recommendations on DA Form 285-O (Tab A) at block 1, and forward the report through the designated chain of command (DRU) to the approving authority. The approving authority (DRU commanders) will approve or disapprove each finding and recommendation made by the investigation board as amended by reviewing officials on DA Form 285-O (Tab A) at block 2.
4. Under the provisions of AR 385-10, paragraphs 3-17 and 3-18, the DRU (Approving Authority) will ensure the Channel Copy is returned to the U.S. Army Combat Readiness/Safety Center (USACRC), ATTN: CSSC-O, within 90 calendar days from the date of this memorandum. If this suspense date cannot be met, an electronic message requesting an extension must be transmitted to usarmy.rucker.hqda-secarmy.mbx.safe-accident-informatio@mail.mil or contact (b)(6) at DSN (b)(6), COMM (b)(6), explaining reasons for delay.
5. Please note this report is to be used for accident prevention purposes only. The report may not be used as evidence or to obtain evidence for other administrative, adverse, or disciplinary actions, nor to determine the misconduct, line-of-duty status, or pecuniary liability of any individual. Release of any portion of this report by any unit or agency at any time, without prior written approval from the Commander, USACRC, is specifically prohibited.

CSSC-O

SUBJECT: Technical Report of U.S. Army Accident

6. The Unit and DRU copies are provided for your records.

7. Point of contact for this report is (b)(6),
DSN (b)(6), COMM (b)(6).

FOR THE COMMANDER:

ORIGINAL SIGNED

3 Encls

1. Channel Copy

2. Unit Copy

3. DRU Copy

(b)(6)
(b)(6) AR
(b)(6)

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT INDEX B

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

**REQUIREMENTS CONTROL SYMBOL
CSCCS-308**

1. DATE OF ACCIDENT (YYYYMMDD)

20110721

| 2. TAB | Title | Encl | Not Appl | See Remarks |
|--------|--|-------------------------------------|--------------------------|--------------------------|
| A | Statement of Reviewing Officials (DA Form 285-O) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | U.S. Army Accident Report (DA Form 285) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Findings and Recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Narrative of Accident | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E | Summary of Witness Interviews (DA Form 285-W) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. REMARKS

| 4. BOARD MEMBERS | | | |
|---|------------------|--------------|---|
| a. President (Name and Signature) (b)(6) | Grade (b)(6) | Branch AV | Address and Tel. No. USACRC Fort Rucker, AL 36362-5363 DSN (b)(6) |
| | E-mail (b)(6) | | |
| b. Recorder (Name and Signature) (b)(6) | Grade (b)(6) | Branch IN | Address and Tel. No. USACRC Fort Rucker, AL 36362-5363 DSN (b)(6) |
| | E-mail (b)(6) | | |
| c. Medical Officer (Name and Signature) (b)(6) | Grade (b)(6) | Branch MC | Address and Tel. No. 900 Washington Road West Point, NY 10996 (b)(6) |
| | E-mail (b)(6) | | |
| d. Maint Officer/Tech/SME (Name and Signature) | Grade | Branch | Address and Tel. No. |
| E-mail | | | |
| e. Other (Name and Signature) | Grade | Branch | Address and Tel. No. |
| | E-mail | | |
| f. Other (Name and Signature) | Grade | Branch | Address and Tel. No. |
| | E-mail | | |

**TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT
STATEMENT OF REVIEWING OFFICIALS**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. INITIAL REVIEW (Include Name, Rank, Title and Organization. Use additional sheet if required.)

2. ARMY HEADQUARTERS REVIEWING AUTHORITY COMMENTS

Signature

3. DEPARTMENT OF ARMY REVIEW (USACRC)

This accident report has been reviewed and is approved for recording into the USACR/SC data base. Army level recommendation has been forwarded to TRADOC.

Case number: 20110721003

(b)(6)

Signature

4. DATE OF ACCIDENT (YYYYMMDD)

20110721

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT
STATEMENT OF REVIEWING OFFICIALS

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. INITIAL REVIEW (Include Name, Rank, Title and Organization. Use additional sheet if required.)

(b)(5)

Theodore D. Martin
Theodore D. Martin
BG, USA
16 JULY 2012
COMMANDANT OF CAADOTS

2. ARMY HEADQUARTERS REVIEWING AUTHORITY COMMENTS

I concur with the findings and recommendations
of the CHA Board, (b)(5)

Signature

(b)(6)

17 JUL 2012

3. DEPARTMENT OF ARMY REVIEW (USACRC)

Signature

4. DATE OF ACCIDENT (YYYYMMDD)

20110721

| TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT <small>For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.</small> | | | | | <small>FOR USACRC USE ONLY</small> | | REQUIREMENTS CONTROL SYMBOL CSOCS-308 | | |
|--|--|--|--|---|------------------------------------|--|---|---|--|
| SECTION A - ACCIDENT INFORMATION | | | | | | | | | |
| 1. CHECK ONE <input checked="" type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CHANGE | | 2. UIC (Unit Identification Code) <small>(6-Digit Code of Unit Having Accident)</small> W1FB4A | | 3a. UNIT NAME AND MILITARY ADDRESS (Accountable Unit) A Co, 4th Regiment, USMA West Point, NY 10996 | | 3b. BRANCH (Armor, Infantry, etc.) Adjutant General | | | |
| 4. DATE OF ACCIDENT a. YEAR: 2011 b. MONTH: 07 c. DAY: 21 | | 5. TIME OF ACCIDENT (Local Military Time) 1634 | | 6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Dawn <input checked="" type="checkbox"/> b. Day <input type="checkbox"/> c. Dusk <input type="checkbox"/> d. Night | | 7. ACCIDENT OCCURRED (Check one) <input checked="" type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post | | 8. IF ON POST, NAME OF INSTALLATION/FACILITY USAG-West Point | |
| 9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input checked="" type="checkbox"/> b. Non-Combat | | | | | | | | | |
| 10. WERE EXPLOSIVES OR AMMUNITION INVOLVED (Causal or Contributing Role) <input type="checkbox"/> Yes (See DA PAM 385-40) <input checked="" type="checkbox"/> No | | | 11a. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) Land Navigation Site 3, Proctoria Road West Point, NY | | | | | | |
| 11b. TYPE OF LOCATION D5-Designated nonfiring training area | | | 11c. GRID COORDINATES OR LAT/LONG 18T WL 7620 7662 | | | | | | |
| SECTION B - PERSONNEL INFORMATION | | | | | | | | | |
| 12. NAME (Last, First, MI) BOWER, JACOB D. | | | 27. CLASSIFICATION AT TIME OF ACCIDENT (Check) <input checked="" type="checkbox"/> a. Active Army <input type="checkbox"/> b. Army Civilian <input type="checkbox"/> c. Army Contractor <input type="checkbox"/> d. Army Direct Contractor <input type="checkbox"/> e. Nonappropriated Fund (NAF) <input type="checkbox"/> f. Other U.S. Military <input type="checkbox"/> g. ROTC <input type="checkbox"/> h. Dependent <input type="checkbox"/> i. NGB Tech <input type="checkbox"/> j. NGB IDT <input type="checkbox"/> k. NGB AT <input type="checkbox"/> l. NGB ADSW <input type="checkbox"/> m. NGB AGR <input type="checkbox"/> n. NGB ADT <input type="checkbox"/> o. NG Activated <input type="checkbox"/> p. USAR IDT <input type="checkbox"/> q. USAR AT <input type="checkbox"/> r. USAR ADT <input type="checkbox"/> s. USAR FTM <input type="checkbox"/> t. USAR AGR <input type="checkbox"/> u. USAR Activated <input type="checkbox"/> v. Foreign Nat. Direct Hire <input type="checkbox"/> w. Foreign Nat. Indirect Hire <input type="checkbox"/> x. Foreign Nat. KATUSA <input type="checkbox"/> y. Foreign Mil. Attached to the U.S. Army <input type="checkbox"/> z. Public <input type="checkbox"/> aa. Not reported | | | 28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Number in order of severity) (No more than 3) a. Struck Against 1 b. Struck By 2 c. Fell from Elevation d. Fell from Same Level e. Caught In/ Under/ Between f. Rubbed/Abraded g. Bodily Reaction h. Overexertion i. Exposure j. External Contact k. Ingested l. Inhaled | | | |
| 13. SOCIAL SECURITY NUMBER (SSN) (b)(6) | | | 14. DOB (YYYYMMDD) (b)(6) | | | 29. BODY PART(S) AFFECTED (Number in order of severity) (No more than 3) a. Body (General) 1 b. Head c. Forehead d. Eyes e. Nose f. Jaw g. Neck h. Trunk i. Chest j. Heart k. Back l. Shoulder | | | |
| 15. GENDER (Check) <input checked="" type="checkbox"/> a. Male <input type="checkbox"/> b. Female | | | 16. RANK OR GRADE New Cadet | | | 17. MOS OR JOB SERIES N/A | | | |
| 18a. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than Block 3, add UIC.) A Co, 4th Regiment, USMA West Point, NY 10996 | | | 18b. For injured Army Civilians or Contractors, enter home address | | | | | | |
| 19a. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty | | | 19b. IF OFF DUTY (if on leave/pass) <input type="checkbox"/> Leave Date From: _____ <input type="checkbox"/> Pass Date To: _____ | | | | | | |
| 20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No | | | 21a. TIME BEGAN WORK: 0500 21b. CONTINUOUS WORK w/o SLEEP: 22. HRS. SLEEP IN LAST 24: 7 | | | | | | |
| 23. DAYS LOST/RESTRICTED (not counting day of injury) a. Hospitalized: _____ Days b. Not Hospitalized: _____ Days c. Restricted Activity: _____ Days | | | 24. TREATED IN EMERGENCY ROOM <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No | | | | | | |
| 25a. OSHA 300 Log Case Number: | | | 25b. Name of Physician/Health Care Provider: | | | | | | |
| 25c. If treatment was given away from worksite, where was it given? Facility: _____ Street: _____ City: _____ State: _____ | | | 30. TYPE OF INJURY/ILLNESS (Number to Correspond with Block 29) a. Burns (Chemical) 1 b. Burns (Thermal) c. Amputation d. Decompression Sickness e. Asphyxiation (Suffocation) f. Fractures g. Dislocation h. Abrasions i. Concussion j. Sprain/Strain k. Cuts/Lacerations l. Contusion | | | | | | |
| 26. SEVERITY OF ILLNESS/INJURY (Check most severe) <input checked="" type="checkbox"/> a. Fatal (Date of Death 20110721) <input type="checkbox"/> b. Permanent Total Disability. Person can never again do gainful work. <input type="checkbox"/> c. Permanent Partial Disability. Person loses or can never again use a body part <input type="checkbox"/> d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. <input type="checkbox"/> e. Restricted Work Activity. Person is temporarily unable to perform regular duties; job transfer/light duty/profile. <input type="checkbox"/> f. Medical Treatment Beyond First Aid. Loss of consciousness, needle stick, etc. <input type="checkbox"/> g. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) <input type="checkbox"/> h. No Injury. | | | | | | | | | |

SECTION B - PERSONNEL INFORMATION (Continued)

BOWER, JACOB D.

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> a. Soldiering | <input type="checkbox"/> i. Patient Care (People/Animals) | <input type="checkbox"/> q. Handling Animal | <input type="checkbox"/> y. Counseling/Advisory |
| <input checked="" type="checkbox"/> b. Combat Soldiering | <input type="checkbox"/> j. Test/Study/Experiments | <input type="checkbox"/> r. Maintenance/Repair/Service | <input type="checkbox"/> z. Sports |
| <input type="checkbox"/> c. Physical Training | <input type="checkbox"/> k. Educational | <input type="checkbox"/> s. Fabricating | <input type="checkbox"/> aa. Hobbies |
| <input type="checkbox"/> d. Weapons Firing/Handling | <input type="checkbox"/> l. Information and Arts | <input type="checkbox"/> t. Handling Material/Passengers | <input type="checkbox"/> bb. Passenger |
| <input type="checkbox"/> e. Engineering or Construction | <input type="checkbox"/> m. Food and Drug Inspection | <input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping | <input type="checkbox"/> cc. Human movement |
| <input type="checkbox"/> f. Communications | <input type="checkbox"/> n. Laundry/Dry Cleaning Services | <input type="checkbox"/> v. Food/Drink Preparations | <input type="checkbox"/> dd. Horseplay |
| <input type="checkbox"/> g. Security/Law Enforcement | <input type="checkbox"/> o. Pest/Plant Control | <input type="checkbox"/> w. Supervisory | <input type="checkbox"/> ee. Bystanding/spectating |
| <input type="checkbox"/> h. Fire Fighting | <input type="checkbox"/> p. Operating Vehicle or Vessel | <input type="checkbox"/> x. Office | <input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping |
| <input type="checkbox"/> gg. Parachuting (See Instructions DA Pamphlet 385-40) | | | |

| | | |
|--------------------------|--|--|
| (1) Jumper Height | (7) Wind Direction/Speed At Jump Height Drop Zone | (15) Date graduated basic airborne training (YYYYMMDD) |
| (2) Jumper Weight | | |
| (3) Type of Jump | (8) Jump Altitude | (16) Type of Aircraft |
| (4) Parachute Type/Model | (9) Position in Stick | |
| (5) Equipment | (10) Door Exited | (17) Accident factors (parachute): (Explain as necessary) |
| | (11) Time pre-jump conducted | |
| | (12) Date of Last Jump | |
| | (13) Type of Last Jump | |
| (6) Wt. of Equipment | (14) Number of previous jumps | |

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

The Soldier was a new cadet participating in Cadet Basic Training II on the Land Navigation Course located on West Point, New York.

| | | | | | |
|---|--|---|---|-------------------------------------|-------------------------------------|
| 33. ON FIELD EXERCISE/NAMED OPERATION | 34. ACTIVITY PART OF TACTICAL TRAINING? | 38. REQUIRED PROTECTIVE EQUIPMENT | AVAILABLE? | USED? | N/A |
| <input checked="" type="checkbox"/> a. Yes (If YES, specify name of exercise/operation.) <input type="checkbox"/> b. No Cadet Basic Trng | <input checked="" type="checkbox"/> a. Yes <input type="checkbox"/> b. No | CHECK APPROPRIATE BLOCK(S) | YES | NO | YES |
| | | <input type="checkbox"/> a. Seat belt | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> b. Restraint System | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input checked="" type="checkbox"/> c. Goggles/Glasses/Visor | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> d. Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> e. Ear plugs | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> f. IBA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> g. Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> h. Helmet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | DOT Approved (If Motorcycle)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 35. Type of training facility being used (Check one) | | 39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? | 39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING | 39c. MSF CERTIFIED | |
| <input type="checkbox"/> a. Garrison | <input type="checkbox"/> d. NTC | <input type="checkbox"/> a. Yes | <input type="checkbox"/> a. Yes | <input type="checkbox"/> a. Yes | |
| <input checked="" type="checkbox"/> b. Local training area | <input type="checkbox"/> e. JRTC | <input type="checkbox"/> b. No | <input type="checkbox"/> b. No | <input type="checkbox"/> b. No | |
| <input type="checkbox"/> c. Major training area | <input type="checkbox"/> f. CMTC | <input checked="" type="checkbox"/> c. N/A | If Yes, Date _____ | If Yes, Date _____ | |
| 36. Type of training participating in at the time of accident (Check/specify) | | | | | |
| <input checked="" type="checkbox"/> a. School (Specify): USMA Cadet Basic Training | | | | | |
| <input type="checkbox"/> b. UNIT → <input type="checkbox"/> (1) Platoon <input type="checkbox"/> (2) Crew <input type="checkbox"/> (3) Individual | | | | | |
| <input type="checkbox"/> c. On-the-job training | | | | | |
| <input type="checkbox"/> d. Other (Specify): | | | | | |
| 37. Last time individual received training prior to accident on activity specified in Block 31? (Check one) | | | | | |
| <input checked="" type="checkbox"/> a. 0 - 3 months | <input type="checkbox"/> e. 1 - 2 years | | | | |
| <input type="checkbox"/> b. 3 - 6 months | <input type="checkbox"/> f. More than 2 years | | | | |
| <input type="checkbox"/> c. 6 - 9 months | <input type="checkbox"/> g. Never | | | | |
| <input type="checkbox"/> d. 9 - 12 months | <input type="checkbox"/> h. Not applicable | | | | |
| | | 40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one) | | | |
| | | (b)(5) a. Yes BAC %: _____ | (b)(5) b. No | (b)(5) c. Unknown | |

| SECTION B - PERSONNEL INFORMATION (Continued) | | | | BOWER, JACOB D. | | | |
|---|---|--|--|---|--|---|---|
| 41. If drug use by this individual caused/contributed to this accident, check appropriate block. | | | | | | | |
| (b)(5) a. Prescription | | (b)(5) b. Illegal | | (b)(5) c. Over-the-counter | | | |
| | | (b)(5) d. Supplements | | (b)(5) e. None | | | |
| 42. Were vision enhancement devices being used? (Check appropriate block.) | | | | | | | |
| <input type="checkbox"/> a. Yes (Specify type/model in c and d.) | | <input checked="" type="checkbox"/> b. No | | c. TYPE: d. MODEL: | | | |
| 43. Standard/Reference covering activity/task | | | | | | | |
| <input type="checkbox"/> a. Soldier's Manual (Task No.) | | <input type="checkbox"/> e. Federal/State Law | | | | | |
| <input type="checkbox"/> b. CTT (Task No.) | | <input type="checkbox"/> f. Other (Specify): | | | | | |
| <input checked="" type="checkbox"/> c. AR/TM/FM (Specify) AR 385-40 & FM 3-25-26 | | <input type="checkbox"/> g. None (Go to Block 45.) | | | | | |
| <input type="checkbox"/> d. SOP | | | | | | | |
| 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) | | | 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) | | | | |
| (b)(5) a. Yes (b)(5) b. No (b)(5) | | | (b)(5) a. Yes (b)(5) b. No | | | | |
| 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) | | | | | | | |
| | | | | | | | |
| 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) | | | | | | | |
| <input type="checkbox"/> a. Inadequate school training (content/amount) | | <input type="checkbox"/> g. Poor/bad attitude/indiscipline | | <input type="checkbox"/> m. Inadequate written procedures (AR, TM, SOP) | | | |
| <input type="checkbox"/> b. Inadequate unit training (content/amount) | | <input type="checkbox"/> h. Lack of rest/sleep | | <input type="checkbox"/> n. Improper supervision | | | |
| <input type="checkbox"/> c. Inadequate on-the-job training | | <input type="checkbox"/> i. Effects of alcohol/drugs/illness | | <input type="checkbox"/> o. Other (Specify in narrative) | | | |
| <input type="checkbox"/> d. Fear/excitement/anger | | <input type="checkbox"/> j. Inadequate facilities | | | | | |
| <input type="checkbox"/> e. Overconfident in own/others abilities/complacent | | <input type="checkbox"/> k. Inadequate services | | | | | |
| <input type="checkbox"/> f. In a hurry | | <input type="checkbox"/> l. Improper equipment design | | | | | |
| 48. Time licensed on this vehicle (Check one) | | 49. Total AMV driving mileage (Check one) | | 50a. Total time in unit (Check one) | | | |
| <input type="checkbox"/> a. Less than one year | | <input type="checkbox"/> a. Less than 1,000 miles | | <input checked="" type="checkbox"/> Less than 6 months | | | |
| <input type="checkbox"/> b. One to two years | | <input type="checkbox"/> b. 1,000 - 5,000 miles | | <input type="checkbox"/> 6 months - 1 year | | | |
| <input type="checkbox"/> c. Over two years | | <input type="checkbox"/> c. 5,000 - 10,000 miles | | <input type="checkbox"/> Over one year | | | |
| <input type="checkbox"/> d. Unlicensed | | <input type="checkbox"/> d. Over 10,000 miles | | 50b. Date Assigned/Hired (YYYYMMDD) | | | |
| 51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.) | | | | 50c. Date of redeployment from combat zone, if applicable (YYYYMMDD) | | | |
| <input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify) | | | | 20110627 | | | |
| SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not) | | | | | | | |
| | ITEM A | ITEM B | ITEM C | | | | |
| 52. Type of item | | | | | | | |
| 53a. Model number | | | | | | | |
| b. Serial number | | | | | | | |
| 54. Ownership (DoD, DA, POV, Unit Person) | | | | | | | |
| 55. Dollar cost of damage. | | | | | | | |
| 56. Rollover protection system installed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | | | |
| 57. Was this item being towed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | | | |
| 58. If towed, enter letter for item doing towing. | | | | | | | |
| 59. Types of collision codes. (Pick up to three from list below and enter in blocks.) (In sequence) | | | | | | | |
| Types of Collisions <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned </td> <td style="width: 50%; vertical-align: top;"> 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) </td> </tr> </table> | | | | | | 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned | 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) |
| 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned | 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) | | | | | | |

| | | | | | | |
|---|------------------------|---|---|------------------------|---|-----|
| SECTION C - PROPERTY/MATERIEL INVOLVED <i>(Whether Damaged or Not) (Continued)</i> | | | | | BOWER, JACOB D. | |
| 60. Component/Part that Failed/Malfunctioned <i>(Complete this section if a materiel failure/malfunction caused/contributed to the accident.)</i> | | | | | | |
| | ITEM A | | ITEM B | | ITEM C | |
| a. National Stock Number | | | | | | |
| b. Part Number | | | | | | |
| c. Describe Part | | | | | | |
| d. Manufacturer's Identification Code | | | | | | |
| e. EIR/QDR Number | | | | | | |
| 61. How/Why Part Malfunctioned <i>(Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)</i> | HOW | WHY | HOW | WHY | HOW | WHY |
| How Part Failed/Malfunctioned Codes: 1 - Overheated/burned/melted 2 - Froze <i>(temperature)</i> 3 - Obstructed/pinched/clogged 4 - Vibrated 5 - Rubbed/worn/frayed 6 - Corroded/rusted/pitted 7 - Overpressured/burst 8 - Pulled/stretched 9 - Twisted/torqued 10 - Compressed/hit/punctured 11 - Bent/warped 12 - Sheared/cut 13 - Decayed/decomposed 14 - Electric current action 15 - Unknown/Other Blank - Not Reported | | | Why Part Failed/Malfunctioned Codes: 1 - Improper equipment design 2 - Inadequate maintenance 3 - Inadequate manufacture of equipment 4 - Inadequate written procedures <i>(AR, TM, SOP)</i> 5 - Improper supervision 6 - Unknown 7 - Other <i>(Specify in narrative)</i> | | | |
| SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED | | | | | | |
| 62. Environmental Conditions <i>(Check environmental conditions present and indicate if conditions caused/contributed to the accident.)</i> | | | | | | |
| PRESENT | CAUSED/ CONTRIBUTED | CONDITION | PRESENT | CAUSED/ CONTRIBUTED | CONDITION | |
| <input checked="" type="checkbox"/> | (b)(5) | a. Clear/dry; visibility unlimited | <input type="checkbox"/> | (b)(5) | k. Wind gust/turbulence | |
| <input type="checkbox"/> | | b. Bright, glare | <input type="checkbox"/> | | l. Vibrate, shimmy, sway, shake | |
| <input type="checkbox"/> | | c. Dark, dim | <input type="checkbox"/> | | m. Radiation, laser, sunlight | |
| <input type="checkbox"/> | | d. Fog, condensation, frost | <input type="checkbox"/> | | n. Holes, rocky, rough, rutted, uneven | |
| <input type="checkbox"/> | | e. Mist, rain, sleet, hail | <input type="checkbox"/> | | o. Inclined/steep | |
| <input type="checkbox"/> | | f. Snow, ice | <input type="checkbox"/> | | p. Slippery <i>(not due to precipitation)</i> | |
| <input type="checkbox"/> | | g. Dust, fumes, gasses, smoke, vapors | <input type="checkbox"/> | | q. Air pressure <i>(bends, decompression, altitude, hypoxia)</i> | |
| <input type="checkbox"/> | | h. Noise, bang, static | <input type="checkbox"/> | | r. Lightning, static electricity, ground | |
| <input checked="" type="checkbox"/> | | i. Temperature/humidity <i>(cold, heat)</i> | <input type="checkbox"/> | | s. Other <i>(Specify)</i> | |
| <input type="checkbox"/> | | j. Storm, hurricane, tornado | <input type="checkbox"/> | | | |
| SECTION E - ACCIDENT DESCRIPTION/NARRATIVE <i>(From Blocks 10, 46, 47, 61 and 62)</i> | | | | | | |
| 63. The investigation board will report, in narrative form on letter size paper, the facts, conditions, and circumstances as established during the investigation and present this information in accordance with DA PAM 385-40, paragraph 4-4. See Tab D, Narrative | | | | | | |
| 64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT | | | 64b. RANK | 64c. TITLE | | |
| (b)(6) | | | (b)(6) | (b)(6) | | |
| 64d. SIGNATURE | | 64e. DATE OF SIGNATURE <i>(YYYYMMDD)</i> | 64f. TELEPHONE NO | | | |
| NOT AVAILABLE FOR SIGNATURE | | | DSN (b)(6) | | | |
| | | | 64g. EMAIL ADDRESS | | | |
| | | | (b)(6) | | | |

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW

65. The investigation board will formulate the findings and recommendations on letter sized paper in accordance with the examples contained in DA PAM 385-40, paragraph 4-3.

See Tab C, Findings and Recommendations

66a. PRINTED/TYPED NAME OF COMMANDER

Theodore Martin

66b. RANK

Brigadier General

66c. SIGNATURE



66d. DATE OF SIGNATURE (YYYYMMDD)

20120716

66e. TELEPHONE NO.

(b)(6)

66f. EMAIL ADDRESS

(b)(6)

a. TYPED NAME/EMAIL ADDRESS

b. SIGNATURE

c. TITLE

d. RANK/DATE

67.

(b)(6)

20 June 12

68.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

18 June 12

69.

(b)(6)

5 Jun 12

SECTION G - SAFETY OFFICE USE ONLY

70. LOCAL REPORT NO.

71. ARMY HEADQUARTERS

USMA

72. ACCIDENT TYPE (Check choice)

- | | | |
|--|--|--|
| <input type="checkbox"/> a. Army Motor Vehicle | <input type="checkbox"/> h. Other Army Vehicle | <input checked="" type="checkbox"/> o. Personal Injury - Other |
| <input type="checkbox"/> b. Army Combat Vehicle | <input type="checkbox"/> i. Fire | <input type="checkbox"/> p. Property Damage - Other |
| <input type="checkbox"/> c. Army Operated Vehicle | <input type="checkbox"/> j. Chemical Agent | <input type="checkbox"/> q. POV - On Official Business |
| <input type="checkbox"/> d. POV - Not on Official Business | <input type="checkbox"/> k. Explosive | <input type="checkbox"/> r. Space |
| <input type="checkbox"/> e. Marine Diving | <input type="checkbox"/> l. Missile | <input type="checkbox"/> s. Commercial Carrier/Transportation |
| <input type="checkbox"/> f. Marine Underway | <input type="checkbox"/> m. Radiation | |
| <input type="checkbox"/> g. Marine Not Underway | <input type="checkbox"/> n. Nuclear | |

73. NAME OF SAFETY POINT OF CONTACT (POC)

(b)(6)

74a. PHONE NO. OF SAFETY OFFICER POC (DSN, Commercial, etc.)

DSN (b)(6), COMM (b)(6)

74b. EMAIL ADDRESS

(b)(6)

75. DATE REPORT COMPLETED BY SAFETY OFFICER (YYYYMMDD)

SECTION H - EXPLOSIVES/AMMUNITION

76. EXPLOSIVE/AMMUNITION INFORMATION:

ITEM 1

ITEM 2

ITEM 3

ITEM 4

a. LOT #

b. QUANTITY

c. NET EXPLOSIVE WEIGHT (NEW)

d. DoDIC/DoDAC

77. SPECIAL INTEREST

78. SUPPLEMENTAL INFORMATION

| | | | | | | | | |
|---|--|--|--|--|--|--|---|--|
| TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT | | | | | <small>FOR USACRC USE ONLY</small> | | REQUIREMENTS CONTROL SYMBOL CSOCS-308 | |
| SECTION A - ACCIDENT INFORMATION | | | | | | | | |
| 1. CHECK ONE <input checked="" type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CHANGE | | | 2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident) W1FB4A | | 3a. UNIT NAME AND MILITARY ADDRESS (Accountable Unit) A Co, 4th Regiment, USMA West Point, NY 10996 | | 3b. BRANCH (Armor, Infantry, etc.) Adjutant General | |
| 4. DATE OF ACCIDENT a. YEAR b. MONTH c. DAY 2011 07 21 | | | 5. TIME OF ACCIDENT (Local Military Time) 1634 | | 6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Dawn <input type="checkbox"/> b. Day <input type="checkbox"/> c. Dusk <input type="checkbox"/> d. Night | | 7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post | |
| 8. IF ON POST, NAME OF INSTALLATION/FACILITY | | | 9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat | | | | | |
| 10. WERE EXPLOSIVES OR AMMUNITION INVOLVED (Causal or Contributing Role) <input type="checkbox"/> Yes (See DA PAM 385-40) <input type="checkbox"/> No | | | 11a. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) | | | | | |
| | | | 11b. TYPE OF LOCATION | | | 11c. GRID COORDINATES OR LAT/LONG | | |
| SECTION B - PERSONNEL INFORMATION | | | | | | | | |
| 12. NAME (Last First MI) (b)(6) | | | 27. CLASSIFICATION AT TIME OF ACCIDENT (Check) <input checked="" type="checkbox"/> a. Active Army <input type="checkbox"/> b. Army Civilian <input type="checkbox"/> c. Army Contractor <input type="checkbox"/> d. Army Direct Contractor <input type="checkbox"/> e. Nonappropriated Fund (NAF) <input type="checkbox"/> f. Other U.S. Military <input type="checkbox"/> g. ROTC <input type="checkbox"/> h. Dependent <input type="checkbox"/> i. NGB Tech <input type="checkbox"/> j. NGB IDT <input type="checkbox"/> k. NGB AT <input type="checkbox"/> l. NGB ADSW <input type="checkbox"/> m. NGB AGR <input type="checkbox"/> n. NGB ADT <input type="checkbox"/> o. NG Activated <input type="checkbox"/> p. USAR IDT <input type="checkbox"/> q. USAR AT <input type="checkbox"/> r. USAR ADT <input type="checkbox"/> s. USAR FTM <input type="checkbox"/> t. USAR AGR <input type="checkbox"/> u. USAR Activated <input type="checkbox"/> v. Foreign Nat. Direct Hire <input type="checkbox"/> w. Foreign Nat. Indirect Hire <input type="checkbox"/> x. Foreign Nat. KATUSA <input type="checkbox"/> y. Foreign Mil. Attached to the U.S. Army <input type="checkbox"/> z. Public <input type="checkbox"/> aa. Not reported | | | 28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Number in order of severity) (No more than 3) a. Struck Against b. Struck By c. Fell from Elevation d. Fell from Same Level e. Caught In/ Under/ Between f. Rubbed/Abraded g. Bodily Reaction h. Overexertion i. Exposure j. External Contact k. Ingested l. Inhaled 29. BODY PART(S) AFFECTED (Number in order of severity) (No more than 3) a. Body (General) b. Head c. Forehead d. Eyes e. Nose f. Jaw g. Neck h. Trunk i. Chest j. Heart k. Back l. Shoulder m. Arm n. Wrist o. Hand p. Fingers q. Leg r. Knee s. Ankle t. Foot u. Toes v. Other (Specify) | | |
| 13. SOCIAL SECURITY NUMBER (SSN) (b)(6) | | | 14. DOB (YYYYMMDD) (b)(6) | | | 15. GENDER (Check) a. Male b. Female (b)(6) | | |
| 16. RANK OR GRADE (b)(6) | | | 17. MOS OR JOB SERIES 11A | | | 18a. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than Block 3, add UIC.) 4th Regt, USCC West Point, NY 10996 (W1FB4T) | | |
| 18b. For injured Army Civilians or Contractors, enter home address | | | 19a. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty | | | 19b. IF OFF DUTY (if on leave/pass) <input type="checkbox"/> Leave Date From: _____ <input type="checkbox"/> Pass Date To: _____ | | |
| 20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No | | | 21a. TIME BEGAN WORK: _____ | | | 21b. CONTINUOUS WORK w/o SLEEP: _____ | | |
| 22. HRS. SLEEP IN LAST 24: _____ | | | 23. DAYS LOST/RESTRICTED (not counting day of injury) a. Hospitalized: _____ Days b. Not Hospitalized: _____ Days c. Restricted Activity: _____ Days | | | 24. TREATED IN EMERGENCY ROOM <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | |
| 25a. OSHA 300 Log Case Number: _____ | | | 25b. Name of Physician/Health Care Provider: _____ | | | 25c. If treatment was given away from worksite, where was it given? Facility: _____ Street: _____ City: _____ State: _____ | | |
| 26. SEVERITY OF ILLNESS/INJURY (Check most severe) <input type="checkbox"/> a. Fatal (Date of Death _____) <input type="checkbox"/> b. Permanent Total Disability. Person can never again do gainful work. <input type="checkbox"/> c. Permanent Partial Disability. Person loses or can never again use a body part. <input type="checkbox"/> d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. <input type="checkbox"/> e. Restricted Work Activity. Person is temporarily unable to perform regular duties; job transfer/light duty/profile. <input type="checkbox"/> f. Medical Treatment Beyond First Aid. Loss of consciousness, needle stick, etc. <input type="checkbox"/> g. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) <input checked="" type="checkbox"/> h. No Injury. | | | | | | 30. TYPE OF INJURY/ILLNESS (Number to Correspond with Block 29) a. Burns (Chemical) b. Burns (Thermal) c. Amputation d. Decompression Sickness e. Asphyxiation (Suffocation) f. Fractures g. Dislocation h. Abrasions i. Concussion j. Sprain/Strain k. Cuts/Lacerations l. Contusion m. Puncture Wound n. Hernia, Rupture o. Frostbite p. Heat Stroke q. Heat Exhaustion r. Noise Injury/Illness s. Needle Stick or Sharp t. Loss of Consciousness u. Other (Specify) | | |

| SECTION B - PERSONNEL INFORMATION (Continued) | | | | | (b)(6) | | | | | |
|--|---|--|--|---|--------|--|--------------------------|--|--------------------------|-------------------------------------|
| 31. Person's action(s) at time of accident (Check one and explain in Block 32.) | | | | | | | | | | |
| <input type="checkbox"/> a. Soldiering | <input type="checkbox"/> i. Patient Care (People/Animals) | <input type="checkbox"/> q. Handling Animal | <input type="checkbox"/> y. Counseling/Advisory | | | | | | | |
| <input type="checkbox"/> b. Combat Soldiering | <input type="checkbox"/> j. Test/Study/Experiments | <input type="checkbox"/> r. Maintenance/Repair/Service | <input type="checkbox"/> z. Sports | | | | | | | |
| <input type="checkbox"/> c. Physical Training | <input type="checkbox"/> k. Educational | <input type="checkbox"/> s. Fabricating | <input type="checkbox"/> aa. Hobbies | | | | | | | |
| <input type="checkbox"/> d. Weapons Firing/Handling | <input type="checkbox"/> l. Information and Arts | <input type="checkbox"/> t. Handling Material/Passengers | <input type="checkbox"/> bb. Passenger | | | | | | | |
| <input type="checkbox"/> e. Engineering or Construction | <input type="checkbox"/> m. Food and Drug Inspection | <input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping | <input type="checkbox"/> cc. Human movement | | | | | | | |
| <input type="checkbox"/> f. Communications | <input type="checkbox"/> n. Laundry/Dry Cleaning Services | <input type="checkbox"/> v. Food/Drink Preparations | <input type="checkbox"/> dd. Horseplay | | | | | | | |
| <input type="checkbox"/> g. Security/Law Enforcement | <input type="checkbox"/> o. Pest/Plant Control | <input checked="" type="checkbox"/> w. Supervisory | <input type="checkbox"/> ee. Bystanding/spectating | | | | | | | |
| <input type="checkbox"/> h. Fire Fighting | <input type="checkbox"/> p. Operating Vehicle or Vessel | <input type="checkbox"/> x. Office | <input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping | | | | | | | |
| <input type="checkbox"/> gg. Parachuting (See Instructions DA Pamphlet 385-40) | | | | | | | | | | |
| (1) Jumper Height | | (7) Wind Direction/Speed At | | (15) Date graduated basic airborne training (YYYYMMDD) | | | | | | |
| (2) Jumper Weight | | Jump Height Drop Zone | | | | | | | | |
| (3) Type of Jump | | (8) Jump Altitude | | (16) Type of Aircraft | | | | | | |
| (4) Parachute Type/Model | | (9) Position in Stick | | | | | | | | |
| (5) Equipment | | (10) Door Exited | | (17) Accident factors (parachute): (Explain as necessary) | | | | | | |
| | | (11) Time pre-jump conducted | | | | | | | | |
| | | (12) Date of Last Jump | | | | | | | | |
| | | (13) Type of Last Jump | | | | | | | | |
| (6) Wt. of Equipment | | (14) Number of previous jumps | | | | | | | | |
| 32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK | | | | | | | | | | |
| The Soldier was (b)(6) at West Point, New York. | | | | | | | | | | |
| 33. ON FIELD EXERCISE/NAMED OPERATION | | 34. ACTIVITY PART OF TACTICAL TRAINING? | | 38. REQUIRED PROTECTIVE EQUIPMENT | | AVAILABLE? | USED? | N/A | | |
| <input checked="" type="checkbox"/> a. Yes (If YES, specify name of exercise/operation) <input type="checkbox"/> b. No Cadet Basic Trng | | <input checked="" type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | CHECK APPROPRIATE BLOCK(S) | | YES | NO | | YES | NO |
| 35. Type of training facility being used (Check one) | | | | <input type="checkbox"/> a. Seat belt | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> a. Garrison <input type="checkbox"/> d. NTC <input type="checkbox"/> g. Std. range facility/live fire <input checked="" type="checkbox"/> b. Local training area <input type="checkbox"/> e. JRTC <input type="checkbox"/> h. Other (Specify): <input type="checkbox"/> c. Major training area <input type="checkbox"/> f. CMTC | | | | <input type="checkbox"/> b. Restraint System | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. Type of training participating in at the time of accident (Check/specify) | | | | <input type="checkbox"/> c. Goggles/Glasses/Visor | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> a. School (Specify): USMA Cadet Basic Training <input type="checkbox"/> b. UNIT → <input type="checkbox"/> (1) Platoon <input type="checkbox"/> (2) Crew <input type="checkbox"/> (3) Individual <input type="checkbox"/> c. On-the-job training | | | | <input type="checkbox"/> d. Gloves | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> d. Other (Specify): | | | | <input type="checkbox"/> e. Ear plugs | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Last time individual received training prior to accident on activity specified in Block 31? (Check one) | | | | <input type="checkbox"/> f. IBA | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> a. 0 - 3 months <input type="checkbox"/> e. 1 - 2 years <input type="checkbox"/> b. 3 - 6 months <input type="checkbox"/> f. More than 2 years <input type="checkbox"/> c. 6 - 9 months <input type="checkbox"/> g. Never <input type="checkbox"/> d. 9 - 12 months <input checked="" type="checkbox"/> h. Not applicable | | | | <input type="checkbox"/> g. Other (Specify): | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> h. Helmet | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | DOT Approved (If Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| | | | | 39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? | | 39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING | | 39c. MSF CERTIFIED | | |
| | | | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input checked="" type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date: _____ | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date: _____ | | |
| | | | | 40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one) | | | | | | |
| | | | | (b)(5) a. Yes BAC %: _____ (b)(5) b. No (b)(5) c. Unknown | | | | | | |

| SECTION B - PERSONNEL INFORMATION (Continued) | | (b)(6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|------------------|--|--|-------------------|--|--|--------------------|--|--|---|--|--|---------------------------|--|--|---|--|--|--------------------------------|--|--|---|--|--|---|--|--|---|--|--|
| 41. If drug use by this individual caused/contributed to this accident, check appropriate block. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> (b)(5) a. Prescription (b)(5) b. Illegal (b)(5) c. Over-the-counter (b)(5) d. Supplements (b)(5) e. None </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42. Were vision enhancement devices being used? (Check appropriate block.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> a. Yes (Specify type/model in c and d.) <input checked="" type="checkbox"/> b. No c. TYPE: d. MODEL: </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43. Standard/Reference covering activity/task | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> a. Soldier's Manual (Task No.) </div> <div style="width: 48%;"> <input type="checkbox"/> e. Federal/State Law </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> b. CTT (Task No.) </div> <div style="width: 48%;"> <input type="checkbox"/> f. Other (Specify): </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> c. AR/TM/FM (Specify) AR 385-10 & FM 5-19 </div> <div style="width: 48%;"> <input type="checkbox"/> g. None (Go to Block 45.) </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> d. SOP </div> <div style="width: 48%;"></div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) | | 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> (b)(5) a. Yes (b)(5) b. No (b)(5) </div> | | <div style="display: flex; justify-content: space-between;"> (b)(5) a. Yes (b)(5) b. No </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (b)(5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <div style="display: flex; flex-direction: column;"> <div>(b)(5) a. Inadequate school training (content/amount)</div> <div>b. Inadequate unit training (content/amount)</div> <div>c. Inadequate on-the-job training</div> <div>d. Fear/excitement/anger</div> <div>e. Overconfident in own/others abilities/complacent</div> <div>f. In a hurry</div> </div> </td> <td style="width: 33%; vertical-align: top;"> <div style="display: flex; flex-direction: column;"> <div>g. Poor/bad attitude/indiscipline</div> <div>h. Lack of rest/sleep</div> <div>i. Effects of alcohol/drugs/illness</div> <div>j. Inadequate facilities</div> <div>k. Inadequate services</div> <div>l. Improper equipment design</div> </div> </td> <td style="width: 33%; vertical-align: top;"> <div style="display: flex; flex-direction: column;"> <div>m. Inadequate written procedures (AR, TM, SOP)</div> <div>n. Improper supervision</div> <div>o. Other (Specify in narrative)</div> </div> </td> </tr> </table> | | | | <div style="display: flex; flex-direction: column;"> <div>(b)(5) a. Inadequate school training (content/amount)</div> <div>b. Inadequate unit training (content/amount)</div> <div>c. Inadequate on-the-job training</div> <div>d. Fear/excitement/anger</div> <div>e. Overconfident in own/others abilities/complacent</div> <div>f. In a hurry</div> </div> | <div style="display: flex; flex-direction: column;"> <div>g. Poor/bad attitude/indiscipline</div> <div>h. Lack of rest/sleep</div> <div>i. Effects of alcohol/drugs/illness</div> <div>j. Inadequate facilities</div> <div>k. Inadequate services</div> <div>l. Improper equipment design</div> </div> | <div style="display: flex; flex-direction: column;"> <div>m. Inadequate written procedures (AR, TM, SOP)</div> <div>n. Improper supervision</div> <div>o. Other (Specify in narrative)</div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 48. Time licensed on this vehicle (Check one) | | 49. Total AMV driving mileage (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> a. Less than one year</div> <div><input type="checkbox"/> b. One to two years</div> <div><input type="checkbox"/> c. Over two years</div> <div><input type="checkbox"/> d. Unlicensed</div> </div> | | <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> a. Less than 1,000 miles</div> <div><input type="checkbox"/> b. 1,000 - 5,000 miles</div> <div><input type="checkbox"/> c. 5,000 - 10,000 miles</div> <div><input type="checkbox"/> d. Over 10,000 miles</div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.) | | 50a. Total time in unit (Check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify) </div> | | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months - 1 year <input checked="" type="checkbox"/> Over one year </div> <div style="width: 48%;"> 50b. Date Assigned/Hired (YYYYMMDD) <div style="border: 1px solid black; padding: 2px; display: inline-block;">20100601</div> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50c. Date of redeployment from combat zone, if applicable (YYYYMMDD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">ITEM A</th> <th style="width: 33%;">ITEM B</th> <th style="width: 33%;">ITEM C</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding: 5px;">52. Type of item</td> </tr> <tr> <td colspan="3" style="padding: 5px;">53a. Model number</td> </tr> <tr> <td colspan="3" style="padding: 5px;">53b. Serial number</td> </tr> <tr> <td colspan="3" style="padding: 5px;">54. Ownership (DoD, DA, PCV, Unit Person)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">55. Dollar cost of damage</td> </tr> <tr> <td colspan="3" style="padding: 5px;">56. Rollover protection system installed?</td> </tr> <tr> <td colspan="3" style="padding: 5px;">57. Was this item being towed?</td> </tr> <tr> <td colspan="3" style="padding: 5px;">58. If towed, enter letter for item doing towing.</td> </tr> <tr> <td colspan="3" style="padding: 5px;">59. Types of collision codes (Pick up to three from list below and enter in blocks) (In sequence)</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Types of Collisions 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned </div> <div style="width: 48%;"> 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) </div> </div> </td> </tr> </tbody> </table> | | | | ITEM A | ITEM B | ITEM C | 52. Type of item | | | 53a. Model number | | | 53b. Serial number | | | 54. Ownership (DoD, DA, PCV, Unit Person) | | | 55. Dollar cost of damage | | | 56. Rollover protection system installed? | | | 57. Was this item being towed? | | | 58. If towed, enter letter for item doing towing. | | | 59. Types of collision codes (Pick up to three from list below and enter in blocks) (In sequence) | | | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Types of Collisions 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned </div> <div style="width: 48%;"> 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) </div> </div> | | |
| ITEM A | ITEM B | ITEM C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52. Type of item | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53a. Model number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53b. Serial number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54. Ownership (DoD, DA, PCV, Unit Person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55. Dollar cost of damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56. Rollover protection system installed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. Was this item being towed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

FOR USACRC USE ONLY

REQUIREMENTS CONTROL SYMBOL

CSOCS-308

SECTION A - ACCIDENT INFORMATION

| | | | | | | | | |
|---|--|--|--|--|--|-----------------------------------|--|--|
| 1. CHECK ONE <input checked="" type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CHANGE | | | 2. UIC (Unit Identification Code) (5-Digit Code of Unit Having Accident) W1FB4A | | 3a. UNIT NAME AND MILITARY ADDRESS (Accountable Unit) A Co, 4th Regiment, USMA West Point, NY | | 3b. BRANCH (Armor, Infantry, etc.) USMA | |
| 4. DATE OF ACCIDENT a. YEAR: 2011 b. MONTH: 07 c. DAY: 21 | | | 5. TIME OF ACCIDENT (Local Military Time) 1634 | | 6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Dawn <input type="checkbox"/> b. Day <input type="checkbox"/> c. Dusk <input type="checkbox"/> d. Night | | 7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post | |
| 8. IF ON POST, NAME OF INSTALLATION/FACILITY | | | 9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat | | | | | |
| 10. WERE EXPLOSIVES OR AMMUNITION INVOLVED (Causal or Contributing Role) <input type="checkbox"/> Yes (See DA PAM 385-40) <input type="checkbox"/> No | | | 11a. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) | | | | | |
| | | | 11b. TYPE OF LOCATION | | | 11c. GRID COORDINATES OR LAT/LONG | | |

SECTION B - PERSONNEL INFORMATION

| | | | | | | | | |
|--|--|--|---|--|--|---|--|--|
| 12. NAME (Last First MI) (b)(6) | | | 27. CLASSIFICATION AT TIME OF ACCIDENT (Check) <input checked="" type="checkbox"/> a. Active Army | | | 28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Number in order of severity) (No more than 3) a. Struck Against g. Bodily Reaction | | |
| 13. SOCIAL SECURITY NUMBER (SSAN) (b)(6) | | | 14. DOB (YYYYMMDD) (b)(6) | | | <input type="checkbox"/> b. Army Civilian | | |
| 15. GENDER (Check) <input checked="" type="checkbox"/> a. Male <input type="checkbox"/> b. Female | | | 16. RANK OR GRADE (b)(6) | | | <input type="checkbox"/> c. Army Contractor | | |
| 17. MOS OR JOB SERIES N/A | | | <input type="checkbox"/> d. Army Direct Contractor | | | <input type="checkbox"/> e. Nonappropriated Fund (NAF) | | |
| 18a. ADDRESS (Use Official Address for All Military or Government Personnel) (if different than Block 3, add UIC) A Co, 4th Regiment, USMA West Point, NY 10996 | | | <input type="checkbox"/> f. Other U.S. Military | | | <input type="checkbox"/> g. ROTC | | |
| 18b. For injured Army Civilians or Contractors, enter home address | | | <input type="checkbox"/> h. Dependent | | | 29. BODY PART(S) AFFECTED (Number in order of severity) (No more than 3) a. Body (General) m. Arm | | |
| 19a. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty | | | 19b. IF OFF DUTY (if on leave/pass) <input type="checkbox"/> Leave Date From: Date To: | | | <input type="checkbox"/> i. NGB Tech | | |
| 20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No | | | <input type="checkbox"/> j. NGB IDT | | | <input type="checkbox"/> k. NGB AT | | |
| 21a. TIME BEGAN WORK: 0500 | | | <input type="checkbox"/> l. NGB ADSW | | | <input type="checkbox"/> m. NGB AGR | | |
| 21b. CONTINUOUS WORK w/o SLEEP | | | <input type="checkbox"/> n. NGB ADT | | | <input type="checkbox"/> o. NG Activated | | |
| 22. HRS. SLEEP IN LAST 24: 7 | | | <input type="checkbox"/> p. USAR IDT | | | <input type="checkbox"/> q. USAR AT | | |
| 23. DAYS LOST/RESTRICTED (not counting day of injury) a. Hospitalized Days b. Not Hospitalized Days c. Restricted Activity Days | | | 24. TREATED IN EMERGENCY ROOM <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | | <input type="checkbox"/> r. USAR ADT | | |
| 25a. OSHA 300 Log Case Number | | | <input type="checkbox"/> s. USAR FTM | | | <input type="checkbox"/> t. USAR AGR | | |
| 25b. Name of Physician/Health Care Provider | | | <input type="checkbox"/> u. USAR Activated | | | <input type="checkbox"/> v. Foreign Nat. Direct Hire | | |
| 25c. If treatment was given away from worksite, where was it given? Facility: Street: City: State: | | | <input type="checkbox"/> w. Foreign Nat. Indirect Hire | | | <input type="checkbox"/> x. Foreign Nat. KATUSA | | |
| 25. SEVERITY OF ILLNESS/INJURY (Check most severe) <input type="checkbox"/> a. Fatal (Date of Death) <input type="checkbox"/> b. Permanent Total Disability. Person can never again do gainful work. <input type="checkbox"/> c. Permanent Partial Disability. Person loses or can never again use a body part. <input type="checkbox"/> d. Days Away from Work. Person misses one or more workdays, bed rest/on quarters. <input type="checkbox"/> e. Restricted Work Activity. Person is temporarily unable to perform regular duties, job transfer/light duty/profile. <input type="checkbox"/> f. Medical Treatment Beyond First Aid. Loss of consciousness, needle stick, etc. <input type="checkbox"/> g. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) <input checked="" type="checkbox"/> h. No Injury. | | | <input type="checkbox"/> y. Foreign Mil. Attached to the U.S. Army <input type="checkbox"/> z. Public <input type="checkbox"/> aa. Not reported | | | 30. TYPE OF INJURY/ILLNESS (Number to Correspond with Block 29) a. Burns (Chemical) m. Puncture Wound b. Burns (Thermal) n. Hernia, Rupture c. Amputation o. Frostbite d. Decompression Sickness p. Heat Stroke e. Asphyxiation (Suffocation) q. Heat Exhaustion f. Fractures r. Noise Injury/Illness g. Dislocation s. Needle Stick or Sharp h. Abrasions t. Loss of Consciousness i. Concussion u. Other (Specify) j. Sprain/Strain k. Cuts/Lacerations l. Contusion | | |

SECTION B - PERSONNEL INFORMATION (Continued)

(b)(6)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

| | | | |
|--|---|---|--|
| <input type="checkbox"/> a. Soldiering | <input type="checkbox"/> i. Patient Care (People/Animals) | <input type="checkbox"/> q. Handling Animal | <input type="checkbox"/> y. Counseling/Advisory |
| <input checked="" type="checkbox"/> b. Combat Soldiering | <input type="checkbox"/> j. Test/Study/Experiments | <input type="checkbox"/> r. Maintenance/Repair/Service | <input type="checkbox"/> z. Sports |
| <input type="checkbox"/> c. Physical Training | <input type="checkbox"/> k. Educational | <input type="checkbox"/> s. Fabricating | <input type="checkbox"/> aa. Hobbies |
| <input type="checkbox"/> d. Weapons Firing/Handling | <input type="checkbox"/> l. Information and Arts | <input type="checkbox"/> t. Handling Material/Passengers | <input type="checkbox"/> bb. Passenger |
| <input type="checkbox"/> e. Engineering or Construction | <input type="checkbox"/> m. Food and Drug Inspection | <input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping | <input type="checkbox"/> cc. Human movement |
| <input type="checkbox"/> f. Communications | <input type="checkbox"/> n. Laundry/Dry Cleaning Services | <input type="checkbox"/> v. Food/Drink Preparations | <input type="checkbox"/> dd. Horseplay |
| <input type="checkbox"/> g. Security/Law Enforcement | <input type="checkbox"/> o. Pest/Plant Control | <input type="checkbox"/> w. Supervisory | <input type="checkbox"/> ee. Bystanding/spectating |
| <input type="checkbox"/> h. Fire Fighting | <input type="checkbox"/> p. Operating Vehicle or Vessel | <input type="checkbox"/> x. Office | <input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping |
| <input type="checkbox"/> gg. Parachuting (See instructions DA Pamphlet 385-40) | | | |

| | | |
|--------------------------|-------------------------------|--|
| (1) Jumper Height | (7) Wind Direction/Speed At | (15) Date graduated basic airborne training (YYYYMMDD) |
| (2) Jumper Weight | Jump Height Drop Zone | |
| (3) Type of Jump | (8) Jump Altitude | (16) Type of Aircraft |
| (4) Parachute Type/Model | (9) Position in Stick | |
| (5) Equipment | (10) Door Exited | (17) Accident factors (parachute): (Explain as necessary) |
| | (11) Time pre-jump conducted | |
| | (12) Date of Last Jump | |
| | (13) Type of Last Jump | |
| (6) Wt. of Equipment | (14) Number of previous jumps | |

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

The Soldier was (b)(6) participating in Cadet Basic Training II on the Land Navigation Course located on West Point, New York.

| | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|--|
| 33. ON FIELD EXERCISE/NAMED OPERATION | | 34. ACTIVITY PART OF TACTICAL TRAINING? | | 38. REQUIRED PROTECTIVE EQUIPMENT | | AVAILABLE? | | USED? | | N/A |
| <input checked="" type="checkbox"/> a. Yes (If YES, specify name of exercise/operation.) <input type="checkbox"/> b. No Cadet Basic Trng | | <input checked="" type="checkbox"/> a. Yes <input type="checkbox"/> b. No | | CHECK APPROPRIATE BLOCK(S) | | YES NO | | YES NO | | |
| 35. Type of training facility being used (Check one) | | | | <input type="checkbox"/> a. Seat belt <input type="checkbox"/> b. Restraint System <input checked="" type="checkbox"/> c. Goggles/Glasses/Visor <input type="checkbox"/> d. Gloves <input type="checkbox"/> e. Ear plugs <input type="checkbox"/> f. IBA <input type="checkbox"/> g. Other (Specify): | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> a. Garrison <input checked="" type="checkbox"/> b. Local training area <input type="checkbox"/> c. Major training area <input type="checkbox"/> d. NTC <input type="checkbox"/> e. JRTC <input type="checkbox"/> f. CMTC <input type="checkbox"/> g. Std. range facility/live fire <input type="checkbox"/> h. Other (Specify): | | | | <input type="checkbox"/> a. School (Specify): USMA Cadet Basic Training <input type="checkbox"/> b. UNIT → (1) Platoon (2) Crew (3) Individual <input type="checkbox"/> c. On-the-job training <input type="checkbox"/> d. Other (Specify): | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input checked="" type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A |
| 36. Type of training participating in at the time of accident (Check/specify) | | | | 39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? | | 39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING | | 39c. MSF CERTIFIED | | |
| <input checked="" type="checkbox"/> a. School (Specify): USMA Cadet Basic Training <input type="checkbox"/> b. UNIT → (1) Platoon (2) Crew (3) Individual <input type="checkbox"/> c. On-the-job training <input type="checkbox"/> d. Other (Specify): | | | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input checked="" type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date: | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If Yes, Date: | | |
| 37. Last time individual received training prior to accident on activity specified in Block 31? (Check one) | | | | 40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one) | | | | | | |
| <input checked="" type="checkbox"/> a. 0 - 3 months <input type="checkbox"/> b. 3 - 6 months <input type="checkbox"/> c. 6 - 9 months <input type="checkbox"/> d. 9 - 12 months <input type="checkbox"/> e. 1 - 2 years <input type="checkbox"/> f. More than 2 years <input type="checkbox"/> g. Never <input type="checkbox"/> h. Not applicable | | | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input checked="" type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A | | <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A |

| SECTION B - PERSONNEL INFORMATION (Continued) | | | | (b)(6) | |
|---|--|--|--|--|--|
| 41. If drug use by this individual caused/contributed to this accident, check appropriate block. | | | | | |
| (b)(5) a. Prescription | | (b)(5) b. Illegal | | (b)(5) c. Over-the-counter | |
| | | (b)(5) d. Supplements | | (b)(5) e. None | |
| 42. Were vision enhancement devices being used? (Check appropriate block.) | | | | | |
| <input type="checkbox"/> a. Yes (Specify type/model in c and d.) | | <input checked="" type="checkbox"/> b. No | | c. TYPE: d. MODEL: | |
| 43. Standard/Reference covering activity/task | | | | | |
| <input type="checkbox"/> a. Soldier's Manual (Task No.) | | <input type="checkbox"/> e. Federal/State Law | | | |
| <input type="checkbox"/> b. CTT (Task No.) | | <input checked="" type="checkbox"/> f. Other (Specify): Common Practice | | | |
| <input type="checkbox"/> c. AR/TM/FM (Specify) | | <input type="checkbox"/> g. None (Go to Block 45.) | | | |
| <input type="checkbox"/> d. SOP | | | | | |
| 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) | | | 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) | | |
| (b)(5) a. Yes (b)(5) b. No (b)(5) | | | (b)(5) a. Yes (b)(5) b. No | | |
| 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) | | | | | |
| (b)(5) | | | | | |
| 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) | | | | | |
| a. Inadequate school training (content/amount) | | g. Poor/bad attitude/indiscipline | | m. Inadequate written procedures (AR, TM, SOP) | |
| b. Inadequate unit training (content/amount) | | h. Lack of rest/sleep | | n. Improper supervision | |
| c. Inadequate on-the-job training | | i. Effects of alcohol/drugs/illness | | o. Other (Specify in narrative) | |
| d. Fear/excitement/anger | | j. Inadequate facilities | | | |
| e. Overconfident in own/others abilities/complacent | | k. Inadequate services | | | |
| f. In a hurry | | l. Improper equipment design | | | |
| 48. Time licensed on this vehicle (Check one) | | 49. Total AMV driving mileage (Check one) | | 50a. Total time in unit (Check one) | |
| <input type="checkbox"/> a. Less than one year | | <input type="checkbox"/> a. Less than 1,000 miles | | <input checked="" type="checkbox"/> Less than 6 months | |
| <input type="checkbox"/> b. One to two years | | <input type="checkbox"/> b. 1,000 - 5,000 miles | | <input type="checkbox"/> 6 months - 1 year | |
| <input type="checkbox"/> c. Over two years | | <input type="checkbox"/> c. 5,000 - 10,000 miles | | <input type="checkbox"/> Over one year | |
| <input type="checkbox"/> d. Unlicensed | | <input type="checkbox"/> d. Over 10,000 miles | | 50b. Date Assigned/Hired (YYYYMMDD) | |
| 51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.) | | | | 20110627 | |
| <input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify) | | | | 50c. Date of redeployment from combat zone, if applicable (YYYYMMDD) | |
| SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not) | | | | | |
| ITEM A | | ITEM B | | ITEM C | |
| 52. Type of item | | | | | |
| 53a. Model number | | | | | |
| b. Serial number | | | | | |
| 54. Ownership (DoD, DA, POV, Unit Person) | | | | | |
| 55. Dollar cost of damage. | | | | | |
| 56. Rollover protection system installed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 57. Was this item being towed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 58. If towed, enter letter for item doing towing | | | | | |
| 59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence) | | | | | |
| Types of Collisions <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned </div> <div style="width: 48%;"> 7- Ran off the road 8- Jackknifed 9- Going forward and rear-ended moving vehicle 10- Going forward and rear-ended parked vehicle 11- Collision while turning 12- Other (Specify) </div> </div> | | | | | |

FINDINGS AND RECOMMENDATIONS

CASE NUMBER: 20110721003

FINDING 1

(b)(5)

(b)(5)

(b)(5)

RECOMMENDATION 1:

FINDINGS AND RECOMMENDATIONS (Cont'd) -- 20110721

a. Unit Level Action:

(b)(5)

(b)(5)

b. Higher Level Action:

(b)(5)

(b)(5)

c. Army Level Action:

(1) Commander U.S. Army Combat Readiness/Safety Center,

(b)(5)

(2) Commander, U.S. Army TRADOC,

(b)(5)

FINDINGS AND RECOMMENDATIONS (Cont'd) -- 20110721

(b)(5)

FINDING 2

(b)(5)

(b)(5)

RECOMMENDATION 2:

- a. Unit Level Action: Commander, BTD:

(b)(5)

- b. Higher Level Action: None.

- c. Army Level Action: None.

FINDING 3

(b)(5)

FINDINGS AND RECOMMENDATIONS (Cont'd) -- 20110721

(b)(5)

RECOMMENDATION 3:

a. Unit Level Action:

(b)(5)

b. Higher Level Action: None.

c. Army Level Action: None.

NARRATIVE

CASE NUMBER: 20110721003

1. History of Events.

a. Pre-accident Phase. The Brigade Tactical (TAC) Department (BTD) is responsible for the military command and control of the Corps of Cadets. The BTD is led by the brigade TAC officer (BTO), an active duty Colonel (COL). There are four regiments within the BTD that are commanded by a regimental TAC officer (b)(6). In this case, the 4th regiment RTO, (b)(6), was detailed as the Cadet Basic Training (CBT) commander.

There are seven cadet companies within a regiment, and each of the cadet companies are commanded by the company TAC officer (Alpha Company's (A Co) TAC - (b)(6) and assigned to a company TAC noncommissioned officer (NCO) (b)(6) (b)(6). A Co had three additional TAC personnel, (b)(6) to assist in the management of the New Cadets (NC). The TAC, TAC NCO and the three TAC personnel make up the TAC team. The TAC team interacts daily with all cadets across the developmental spectrum. They are available to the cadets from reveille (wake-up) until taps (lights-out) each day. The TAC team performs the same duties during the summer training period as it does during the academic year.

The Department of Military Instruction (DMI) plans, coordinates, and executes Cadet Summer Training (CST). Cadet Field Training and CBT are functions of the CST program. DMI also oversees the Department of Physical Education (DPE). DPE is responsible for all cadets' physical training (PT) programs.

The U.S. Corps of Cadets (USCC) comprises over 4,000 men and women pursuing an undergraduate education and a commission into the U.S. Army. The cadets run the corps through their chain of command. First class (fourth year) cadets fulfill roles as first captain (or corps commander), regimental commanders, battalion commanders, company commanders, and platoon leaders. Other first class cadets serve in various staff capacities at the brigade, regiment, battalion, company, and platoon levels. Second class (third year) cadets serve as cadet NCOs,

NARRATIVE (Cont'd) -- 20110721

principally as squad leaders supervising the lower two classes of cadets. Third class (second year) cadets serve as team leaders; each providing personal oversight of one or two fourth class (first year) cadets.

CBT is the first step toward receiving a commission into the U.S. Army as an officer. CBT is a six-week requirement that transitions incoming civilians into cadets and Soldiers, which includes the skills and values necessary to develop leaders of character fully committed to military service. The NC involved in this fatality was assigned to A Co, 4th Regiment (Regt), USCC, U.S. Military Academy (USMA), West Point, New York (NY). The mission of A Co on the day of the accident was to conduct its fourth and final day of land navigation training. On the morning of 21 July 2011, the NCs woke up at 0500 and conducted PT from 0530 to 0700. The NCs conducted personal hygiene, ate breakfast, and then prepared to be transported to Site 3 of the Land Navigation Course for training.

A Co arrived onsite at approximately 0945. The NCs were given points to plot on their maps. Shortly thereafter, cadet leadership (which is comprised of upper level cadets only) conducted an inspection of the NCs' water sources; (b)(6) (b)(6) inspected NC Jacob Bower's water sources. Then, the NCs received a safety briefing from (b)(6) (b)(6) with oversight from (b)(6) (b)(6). (b)(6) arrived onsite at approximately 1015.

b. Accident Phase. At approximately 1030, the NCs began the 8-point, 4-hour Land Navigation Course. At this time, Site 3 registered Heat Category V. At approximately 1045, (b)(6) (b)(6) first saw NC Bower running on the course. At approximately 1230, (b)(6) (b)(6) again spotted NC Bower running on a different part of the course near Blackcap Mountain. At approximately 1300, NC Bower was last seen by (b)(6) in the vicinity northwest of Blackcap Mountain. At approximately 1330, (b)(6) found NC Bower's land navigation score card.

NARRATIVE (Cont'd) -- 20110721

At approximately 1430, the Site 3 training ended. At approximately 1500, all NCs had returned to Site 3 except for NC Bower. (b)(6), the Site 3 (b)(6) the company (b)(6) agreed to accelerate the "lost cadet" procedures because all of the NCs were accounted for, except NC Bower.

c. Post-accident Phase. At approximately 1645, Safety Team 3-2 (one of three safety teams on the course) which is comprised of senior cadets who were tasked with patrolling designated areas of the course to assist NCs, as needed, radioed that they had found NC Bower and needed a medic immediately. The Site 3 (b)(6) confirmed the location and (b)(6) along with (b)(6) drove to Safety Team 3-2's location.

At approximately 1654, the CBT commander called E911 to report a suspected NC fatality. At approximately 1655, (b)(6) (b)(6) called the Site 3 (b)(6) to relay that NC Bower did not have vital signs. At 1704, Keller Army Community Hospital (KACH) ambulance arrived on scene. At 1805, the Orange County Medical Examiner called the time of death.

The U.S. Army Combat Readiness/Safety Center Centralized Accident Investigation Division was notified of the accident and began the investigation on 24 July 2011.

2. Human Factors Investigation.

a. Personnel Background.

(1) NC Bower (fatally injured NC) reported to CBT at the USMA, West Point, NY, on 27 June 2011. He was an accomplished high school scholar and athlete who played three sports, was captain of his football team, and was valedictorian with a high school class rank of 1/209. He was described by one USMA admissions committee member as a "Rockstar." Those who knew him described him as driven, charismatic, successful, and as having tremendous potential.

NARRATIVE (Cont'd) -- 20110721

(2) (b)(6) reported to CBT at the USMA, West Point, NY, on (b)(6). No further personnel background was provided.

(3) (b)(6) was commissioned in (b)(6) in the military occupational specialty (MOS) 11A, Infantry. He had been assigned to armor, mechanized infantry, and light infantry units during his career. He had served as a battalion commander at Fort Riley, Kansas, prior to assuming the position of regimental (b)(6), West Point, NY, on (b)(6) (b)(6). (b)(6) deployed twice to Iraq and twice to Afghanistan in support of the Global War on Terrorism (GWOT), prior to assignment to the USMA, West Point.

b. Personnel Management.

(1) NC Bower (fatally injured NC) was assigned to 3d Squad, 1st Platoon, A Co, CBT.

On Thursday 21 July 2011, NC Bower (fatally injured NC) was participating in land navigation training when the accident occurred. He was found unresponsive at approximately 1645 and pronounced deceased at 1707 by (b)(6), the (b)(6) (b)(6), and (b)(6) (consulted telephonically), (b)(6) (b)(6). Orange County New York Notice of Death and Certificate of Death list a pronouncement time of 1805 by (b)(6) who was working with the (b)(6), (b)(6). The verbal preliminary autopsy report indicated (b)(6)

(b)(6)

(2) (b)(6) was assigned to (b)(6) CBT.

(b)(6) was participating in land navigation training at the same time as the fatally injured Soldier (NC Bower). At the time of the accident, (b)(6) was not co-located with NC Bower on the course. Earlier in the day (b)(6) (b)(6) had talked to NC Bower while on the course and had noticed he appeared to be disoriented and sweating profusely.

NARRATIVE (Cont'd) -- 20110721

(3) (b)(6) was assigned as regimental (b)(6) of the BCT on (b)(6).

During CST (b)(6) assumed responsibility as the (b)(6) (b)(6). At the time of the accident, (b)(6) was located at the land navigation site, and received a radio message from a cadet leader that they had located NC Bower and needed a medic quickly. He, along with the company medic, company first sergeant (1SG), and a company platoon leader drove to the accident location. The medic could not find a pulse; (b)(6) (b)(6) immediately called E911 from his cellular telephone.

c. Vehicle/System/Equipment Suitability. NC Bower started the land navigation exercise in Standard Army Uniform (ACU), bloused boots, and an Army Combat Helmet (ACH). He was carrying two filled 1-quart canteens, a filled 100-ounce Camel Back Hydration System, a Fighting Load Carrier (FLC), a working flashlight, a panic whistle, and land navigation equipment. All equipment was in working condition.

d. Communications. NC Bower checked out onto the Land Navigation Course at 1030 and was due back by 1430. There was no official communication between NCs and cadre during the course. NCs are not permitted cellular telephones, but are required to carry a whistle. During the course there were three documented encounters with NC Bower by other NCs. The latest sightings were 1230 and 1330. NC Bower was found carrying a panic whistle attached to his FLC; no whistles were heard on the course. Lane safeties and senior leadership had radio communications and some cellular telephones. When NC Bower's body was discovered at approximately 1645, the cadet cadre safety team immediately communicated that fact to the officer cadre via radio. (b)(6) called E911 at 1654. KACH emergency room was notified at 1655. (b)(5)

e. Meteorological Information. Weather observation was recorded at 1545 on 21 July 2011, in the vicinity of West Point, NY. The reported weather was hazy skies, winds were from the west/southwest at 17.3 gusting to 23 knots, and visibility was 6 statute miles. The temperature was 95°F with a heat index of


NARRATIVE (Cont'd) -- 20110721

104.5°F. It was dry at the time of the accident and there was no reported fog.

On 21 July, the region was in the midst of a "heat wave." The three days prior to the day of the accident, heat categories alternated between Heat Categories IV and V. The National Weather Service had issued a heat advisory for the region. Weather conditions on the day of the training accident were hot and humid, reaching a Heat Category V at the start of the land navigation exercise (1030). The following are excerpts from an online weather source:

| TIME | TEMPERATURE | RELATIVE HUMIDITY |
|------------|-------------|-------------------|
| 1030 | 84.6 F | 68.8% |
| 1400 | 94.1 F | 41% |
| 1500 | 95.6 F | 42.3% |
| 1600 | 95.6 F | 42.9% |
| 1715(peak) | 97.0 F | 41.6% |

f. Support Services. Medical support services for CBT were robust and included an imbedded Army medic with each company, a central brigade medic center, Malone Cadet Health Clinic, and KACH. Westchester Medical Center is frequently used for inpatient subspecialty care. (b)(6), (b)(5)



On 21 July, at Land Navigation Site 3, there was a company medic onsite for the duration of training; ice sheets were available. Medics are not equipped with an Automatic External Defibrillator (AED) and one was not present. Non-standard medical evacuation (MEDEVAC) was provided by a High Mobility Multipurpose Wheeled Vehicle (HMMWV). Upon discovery of the fatally injured NC by cadet cadre the medic was at the patient's side within an estimated 1 to 3 minutes.

g. Accident Survivability. (b)(6) discovered the fatally injured NC at approximately 1645. (b)(6)

[REDACTED]

The (b)(6) was the first trained medical professional on-scene. He had been an (b)(6) (b)(6) and completed Army Advanced Individual Training in (b)(6). He held current certification in Advanced Cardiac Life Support and Advanced Trauma Life Support. He confirmed the aforementioned findings, could not find a pulse, and reported algor mortis (coolness). The compelling assessment was presumed dead on arrival (DOA).

[REDACTED]

(b)(6), (b)(5)

(b)(6). The fatally injured NC was deceased when his body was discovered by (b)(6). He was pronounced deceased at 1707, by the on-scene KACH paramedic, and the KACH emergency room attending physician (consulted telephonically). The KACH ambulance departed the scene at 1730. Orange County New York Notice of Death and Certificate of Death list a pronouncement time of 1805 by the medical investigator working with the on call medical examiner. (b)(5)

[REDACTED]

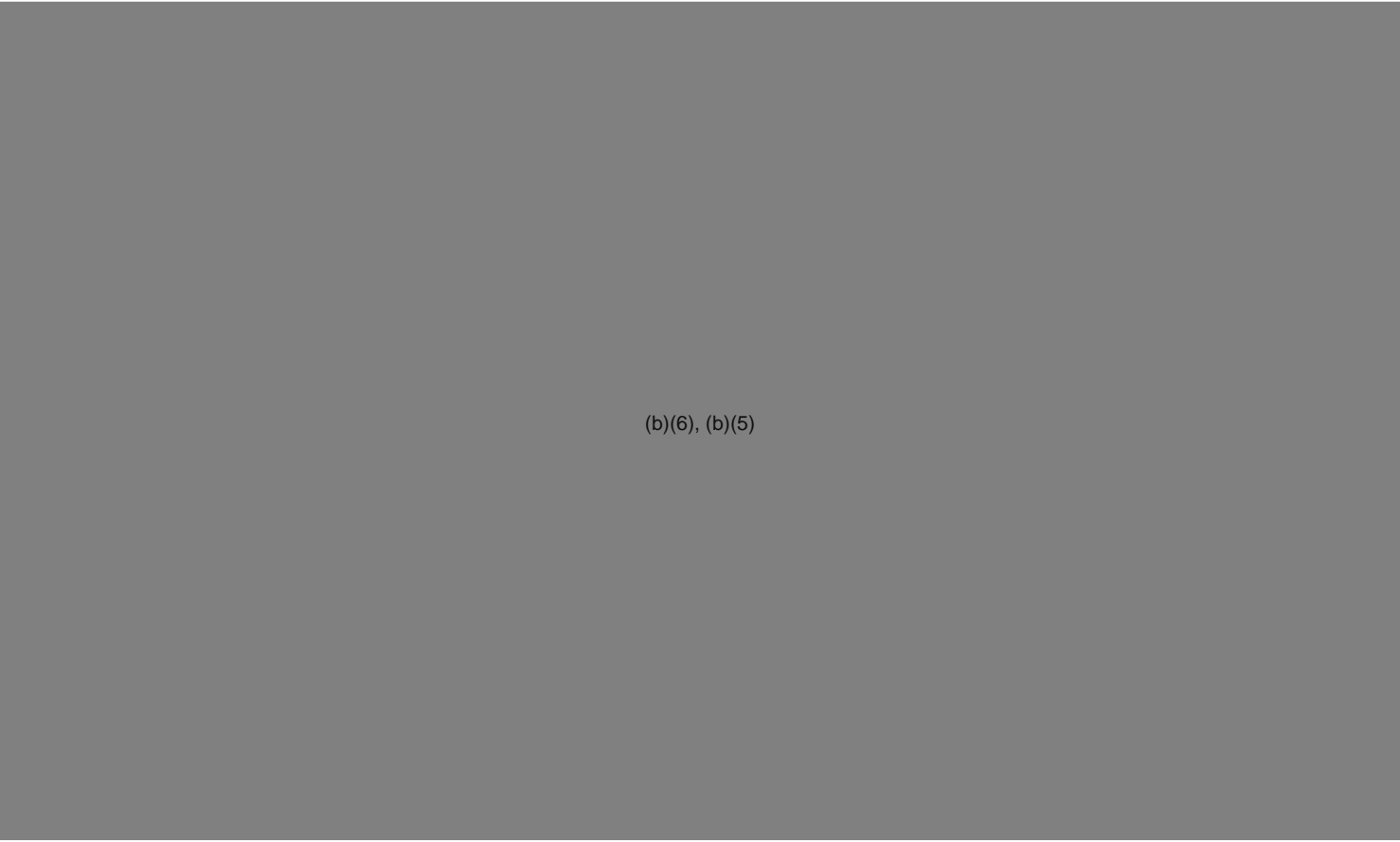
(b)(5)

(b)(5), (b)(6)

Subject: Safety Board (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: NONE



(b)(6), (b)(5)

Classification: UNCLASSIFIED

Caveats: NONE

Classification: UNCLASSIFIED

Caveats: NONE

(b)(6), (b)(5)

(b)(6), (b)(5)

h. Rescue Operations. Traditional medical rescue operations and evacuation were never tested in this incident. Non-standard MEDEVAC via HMMWV was on stand-by at Land Navigation Site 3. KACH and their ambulance service were located less than 10 minutes away.

Tactical and training exercise rescue operations were based upon the Land Navigation Site 3's Lost Cadet Standing Operating Procedure (SOP). The plan was a three tiered system detailing actions to be taken if a cadet was missing for 1 hour (internal search, site OIC notifies all safeties), 2 hours (cadre team sent on missing cadet's lane, safeties check all points, question other cadets reference sightings, vehicular search) and 3 hours (detailed dismounted search using all available personnel, expanded vehicular search, consider live fire shutdown, consider aviation asset mobilization). In practice this plan was accelerated. Range Control was dispatched to assist in the search at 1623. The 2d Aviation was contacted between 1640 and 1650 and was prepared to assist in the search efforts, but was never dispatched/officially mobilized.

NARRATIVE (Cont'd) -- 20110721

i. Special Investigation. None conducted.

j. Witness Interviews. The Accident Investigation Board interviewed numerous personnel during the course of the investigation. Summaries of these interviews are included at Tab E.

3. Materiel Factors Investigation.

a. Vehicle/Equipment Worthiness. The fatally injured NC was carrying a compass, protractor, map w/case, flashlight, emergency whistle, eye-protection, Timex digital watch, ACH, Camel Back Hydration System, (2) 1-quart canteens, and an FLC.

b. Systems. N/A

c. Engine. N/A

d. Transmission. N/A

e. Accident Site Information. The accident site was located at the bottom of an embankment approximately 10 feet from the edge of Proctoria Road just west of Firebreak 25 on Land Navigation Site 3. The terrain was rugged.

f. Laboratory Analysis. None conducted.

g. Fire. There was no post-accident fire.

4. Analysis. After analyzing the human, materiel, and environmental data collected during the investigation, the Board concluded (b)(5) caused this accident. Rationale for this conclusion is as follows:

a. Accident Sequence. The Board determined through reconstructive sequence (b)(5)



NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

(b)(5)

b. Environmental Factors. After reviewing the environmental data collected during the investigation, the Board concluded

(b)(5)

(1) Meteorological Information. Weather observation was recorded at 1545 on 21 July 2011, in the vicinity of West Point, NY. The reported weather was hazy skies, winds were from the west/southwest at 17.3 gusting to 23 knots, and visibility was 6 statute miles. The temperature was 95°F with a heat index of 104.5°F. It was dry at the time of the accident and there was no reported fog.

NARRATIVE (Cont'd) -- 20110721

(b)(5)

(2) Non-meteorological. The Board evaluated the Land Navigation Course conditions and concluded (b)(5)

(b)(5)

c. Materiel Factors. After reviewing all available materiel data (b)(5)

the Board determined

NARRATIVE (Cont'd) -- 20110721

(b)(5)

d. Human Factors. The Board conducted extensive witness interviews, a methodical review of the fatally injured NC's medical records, land navigation training, unit SOP's, technical bulletins, and Field Manual's (FM) (concept of operation and environmental conditions). The Board determined (b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

NARRATIVE (Cont'd) -- 20110721

(b)(5)

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT

SUMMARY OF WITNESS INTERVIEW

For use of this form, see DA Pamphlet 385-40; the proponent agency's OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

| | | | |
|--|-------------------------------|---|----------------------------|
| 1. NAME OF WITNESS (LAST, FIRST, MI) (b)(6) | 2. OCCUPATION/TITLE (b)(6) | 3. GRADE (b)(6) | 4. DATE OF BIRTH (b)(6) |
| 5. ADDRESS (include ZIP Code) (If military, include organization) A Co, 4th Regt CBT, USMA West Point, NY 10996 | | 6. TELEPHONE NUMBER (Duty/Work) (b)(6) | |
| 8. EXPERIENCE AND BACKGROUND TIS 3 yrs | | 7. DATE OF INTERVIEW (YYYYMMDD) 20110727 | |
| 9. LOCATION AT TIME OF ACCIDENT Land Navigation Course Site 3 | | 10. INTERVIEWER (Name and Grade) (b)(6) | |

11. **Promise of confidentiality.** A promise of confidentiality can only be offered in Limited Use Investigations, which normally are not ground accidents. For exception, see AR 385-10, paragraph 3-10.

a. Was a promise of confidentiality offered to the witness? ☐ Yes ☒ No (If yes, read blk 14a to the witness and complete blk 15. If no, read blk 14b to the witness.)

b. Confidentiality was requested by the witness. ☐ Yes ☒ No (If Yes, interviewer sign and date statement below.)

THE WITNESS MADE THIS STATEMENT UNDER A PROMISE OF CONFIDENTIALITY.

SIGNATURE OF INTERVIEWER

DATE (YYYYMMDD)

12. SUMMARY OF INTERVIEW

(b)(6) stated he served as the (b)(6) during the Cadet Basic Training. He stated during Soldier First Responder training in Detail 1, New Cadets (NC) did not receive any heat injury training and it was basically a watered down, 3-day, Combat Lifesaver Course. He stated an officer in the rank of Major from West Point gave the cadets a 2-day crash course, which is normally done in a 40-hour course, and then the cadets train the NCs. (b)(6) stated in his opinion, the training is not conducted to the standard you would expect anyone to be taught, due to the trainer's lack of skill.

On Monday, the first day of the Land Navigation Course, (b)(6) (b)(6) stated he remembers two suspected minor heat injuries. He stated on the second day there were about three or so suspected minor heat injuries. On the day of the accident, on Land Navigation Site 3, (b)(6) stated he treated approximately 6 suspected heat injuries. He stated he placed the NCs in the shade, while two of the more serious suspected heat injuries were given intravenous and ice packed. He stated when the call came in that the fatally injured NC had been found; he jumped in a vehicle with 3 other personnel from Site 3, and within a few minutes arrived at the accident location. He stated he saw a foot sticking up from the edge of the road and he told the first sergeant to grab the ice sheets. He stated he immediately saw lividity, attempted to open the airway and notice that rigor had set in to the jaw and the body was cold. He stated he checked for a pulse and found none. He stated he gave two rescue breathes with the pocket mask and checked for a pulse again and found none. (b)(6) stated he ran to get a radio to request additional

13. DATE OF ACCIDENT (YYYYMMDD)

20110721

14. GENERAL WITNESS INFORMATION BRIEFING (Interviewer must read appropriate instructions to the witness)

a. Promise of confidentiality offered.

- (1) This accident investigation board has been convened under the provisions of Army Regulation 385-10 for the purpose of conducting a safety investigation.
- (2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.
- (3) This safety investigation is being conducted for accident prevention purposes only. Within the military, pursuant to AR 385-10, it cannot be used for any other purpose, to include any future disciplinary actions against any individuals. Therefore, the interview you are being asked to provide will be used by the Army in the interest of safety and accident prevention only.
- (4) Nonconfidential witness interviews may be released to the public pursuant to a Freedom of Information Act request. If you wish to protect your interview from public release outside the military, then your interview must be pursuant to a promise of confidentiality. Confidentiality means that your interview will not be released to the public or outside DoD safety channels.
- (5) Whether your interview is confidential or not, the chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes.
- (6) If you ever have knowledge that your witness interview was used by the Army for anything other than accident prevention purposes (for example, disciplinary action against an individual), you should consult with your local Judge Advocate Defense Counsel Office and request that the Command Judge Advocate, U.S. Army Combat Readiness Center, be notified at DSN 558-2924 or commercial (334) 255-2924.
- (7) The promise of confidentiality is available to you if you desire it. Do you desire it?

b. No promise of confidentiality offered.

- (1) This accident investigation board has been convened under the provisions of AR 385-10 for the purpose of conducting a safety investigation.
- (2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.
- (3) This safety investigation is being conducted for accident prevention purposes only. Within the military, pursuant to AR 385-10, it cannot be used for any other purpose, to include any future disciplinary actions against any individuals. Therefore, the interview you are being asked to provide will be used by the Army in the interest of safety and accident prevention only.
- (4) The chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes. The interview summary may be released to the public pursuant to a Freedom of Information Act request.
- (5) If you ever have knowledge that your witness interview was used by the Army for anything other than accident prevention purposes (for example, disciplinary action against an individual), you should consult with your local Judge Advocate Defense Counsel Office and request that the Command Judge Advocate, U.S. Army Combat Readiness Center, be notified at DSN 558-2924 or commercial (334) 255-2924.

15. AVAILABILITY OF PROMISE OF CONFIDENTIALITY FOR "LIMITED USE" REPORT OF INVESTIGATION

a. Pursuant to AR 385-10, witness interviews may only be used within the military for purposes of accident prevention, and may not be used as evidence in connection with any administrative or disciplinary proceeding. This protection alone does not prevent release of the interview outside of the military (to the public, newspapers, attorneys, etc.) under the Freedom of Information Act. If you wish to protect your interview from release outside of the military, then your interview must be pursuant to a promise of confidentiality.

b. If you do not wish a promise of confidentiality, you may decline such below. In that case, your interview will still be used in the military only for purposes of accident prevention, but it may be released outside of the military in response to a Freedom of Information Act request. Please indicate which option you desire by initialing one of the choices below.

_____ I request a promise of confidentiality. I understand that the results of my interview will be used within the military only for the purposes of accident prevention, and will also be protected from public release outside of the military under the Freedom of Information Act.

_____ I decline a promise of confidentiality. I understand that the results of my interview will be used within the military only for purposes of accident prevention. I also understand that the results may be publicly released outside of the military under the Freedom of Information Act.

Name of witness (Print Name - do not sign)

medical support. (b)(6) showed up, (b)(6) stated he told him to see if he could find a pulse, at the same time he placed a call to (b)(6) on the radio, and briefed him on the situation. He stated (b)(6) told him to check again, so he had (b)(6) check for a pulse with no success. (b)(6) stated (b)(6) called and told him paramedics were 3 minutes out. (b)(6) stated once the police and fire department paramedics arrived they took over the medical care of the fatally injured NC. He stated the paramedic instructed them to move the fatally injured NC up to the edge of the road; the paramedic attempted to open the airway, but could not due to rigor. He stated the paramedic then made the call to declare the NC deceased.

End of summary

| TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT SUMMARY OF WITNESS INTERVIEW <small>For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.</small> | | REQUIREMENTS CONTROL SYMBOL CSOCS-308 | |
|--|--|--|----------------------------|
| 1. NAME OF WITNESS (LAST, FIRST, MI) (b)(6) | 2. OCCUPATION/TITLE (b)(6) | 3. GRADE (b)(6) | 4. DATE OF BIRTH (b)(6) |
| 5. ADDRESS (Include ZIP Code) (If military, include organization) Department of Geography & Environmental Engineering Washington Hall, Room 5332 West Point, NY 10996 | | 6. TELEPHONE NUMBER (Duty/Work) (b)(6) | |
| | | 7. DATE OF INTERVIEW (YYYYMMDD) 20110725 | |
| 8. EXPERIENCE AND BACKGROUND TIS 11 yrs | 9. LOCATION AT TIME OF ACCIDENT Land Navigation Course Site 3 | 10. INTERVIEWER (Name and Grade) (b)(6) | |
| <p>11. Promise of confidentiality. A promise of confidentiality can only be offered in Limited Use Investigations, which normally are not ground accidents. For exception, see AR 385-10, paragraph 3-10.</p> <p>a. Was a promise of confidentiality offered to the witness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, read blk 14a to the witness and complete blk 15. If no, read blk 14b to the witness.)</p> <p>b. Confidentiality was requested by the witness. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, interviewer sign and date statement below.)</p> <p style="text-align: center;">THE WITNESS MADE THIS STATEMENT UNDER A PROMISE OF CONFIDENTIALITY.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> _____ SIGNATURE OF INTERVIEWER </div> <div style="width: 35%; text-align: center;"> _____ DATE (YYYYMMDD) </div> </div> | | | |
| <p>12. SUMMARY OF INTERVIEW</p> <p>(b)(6) stated the day of the accident was actually the fourth day of the Land Navigation Course training for the New Cadets (NC). He stated the first day of training for Alpha Company (A Co) was Monday, 18 July, which included pace count, compass work, a terrain analysis walk led by their cadet squad leader, and an individual land navigation pre-test consisting of 4 points to identify weak and strong NCs. He stated on 18 July, they also conducted a night buddy team, 7-point compass course. On 19 July, the second day of the training, (b)(6) stated A Co went to Site 2 to conduct buddy team land navigation training which was done in 2 phases; in the morning it was a 4-point buddy team course, and the afternoon was a 5-point buddy team course and night buddy team exercise. (b)(6) stated on the night of 18 and 19 July, A Co bivouacked in their respective training sites.</p> <p>On 20 July, (b)(6) stated A Co conducted a 4-point individual test in the morning and a 5-point individual test in the afternoon. He stated A Co then redeployed back to garrison and slept in the barracks that night.</p> <p>On 21 July, at approximately 0930, (b)(6) stated A Co was transported out to the vicinity of Site 3, unloaded and conducted a short foot march to the control point. He stated earlier that morning the company had participated in physical training (PT) which consisted of an upper body strength training conducted by the Department of Physical Education. He stated the PT caused them to start the Land Navigation Course training at the hottest point of the day. (b)(6) stated at 1000, (3) 2-person safety teams were</p> | | | |
| <p>13. DATE OF ACCIDENT (YYYYMMDD)</p> <p style="text-align: center;">20110721</p> | | | |

14. GENERAL WITNESS INFORMATION BRIEFING (Interviewer must read appropriate instructions to the witness)

a. Promise of confidentiality offered.

- (1) This accident investigation board has been convened under the provisions of Army Regulation 385-10 for the purpose of conducting a safety investigation.
- (2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.
- (3) This safety investigation is being conducted for accident prevention purposes only. Within the military, pursuant to AR 385-10, it cannot be used for any other purpose, to include any future disciplinary actions against any individuals. Therefore, the interview you are being asked to provide will be used by the Army in the interest of safety and accident prevention only.
- (4) Nonconfidential witness interviews may be released to the public pursuant to a Freedom of Information Act request. If you wish to protect your interview from public release outside the military, then your interview must be pursuant to a promise of confidentiality. Confidentiality means that your interview will not be released to the public or outside DoD safety channels.
- (5) Whether your interview is confidential or not, the chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes.
- (6) If you ever have knowledge that your witness interview was used by the Army for anything other than accident prevention purposes (for example, disciplinary action against an individual), you should consult with your local Judge Advocate Defense Counsel Office and request that the Command Judge Advocate, U.S. Army Combat Readiness Center, be notified at DSN 558-2924 or commercial (334) 255-2924.
- (7) The promise of confidentiality is available to you if you desire it. Do you desire it?

b. No promise of confidentiality offered.

- (1) This accident investigation board has been convened under the provisions of AR 385-10 for the purpose of conducting a safety investigation.
- (2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.
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- (4) The chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes. The interview summary may be released to the public pursuant to a Freedom of Information Act request.
- (5) If you ever have knowledge that your witness interview was used by the Army for anything other than accident prevention purposes (for example, disciplinary action against an individual), you should consult with your local Judge Advocate Defense Counsel Office and request that the Command Judge Advocate, U.S. Army Combat Readiness Center, be notified at DSN 558-2924 or commercial (334) 255-2924.

15. AVAILABILITY OF PROMISE OF CONFIDENTIALITY FOR "LIMITED USE" REPORT OF INVESTIGATION

a. Pursuant to AR 385-10, witness interviews may only be used within the military for purposes of accident prevention, and may not be used as evidence in connection with any administrative or disciplinary proceeding. This protection alone does not prevent release of the interview outside of the military (to the public, newspapers, attorneys, etc.) under the Freedom of Information Act. If you wish to protect your interview from release outside of the military, then your interview must be pursuant to a promise of confidentiality.

b. If you do not wish a promise of confidentiality, you may decline such below. In that case, your interview will still be used in the military only for purposes of accident prevention, but it may be released outside of the military in response to a Freedom of Information Act request. Please indicate which option you desire by initialing one of the choices below.

_____ I request a promise of confidentiality. I understand that the results of my interview will be used within the military only for the purposes of accident prevention, and will also be protected from public release outside of the military under the Freedom of Information Act.

_____ I decline a promise of confidentiality. I understand that the results of my interview will be used within the military only for purposes of accident prevention. I also understand that the results may be publicly released outside of the military under the Freedom of Information Act.

Name of witness (Print Name - do not sign)

placed out on the course to patrol designated routes and (15) 5-gallon water cans were placed at designated points. At 1015, (b)(6) (b)(6) stated A Co's medic arrived onsite with the High Mobility Multipurpose Wheeled Vehicle that was the designated non-standard casualty evacuation vehicle.

(b)(6) stated at 1030, the cadets were released to the Land Navigation Course with instructions to find 8 points in 4 hours. He stated at that time the wet bulb registered Heat Category V. At 1430, (b)(6) stated the time had expired; about 20 NCs were still out on the course. He stated they blew an air horn to signal the NCs that time had expired and that they should start moving back to the start point. He stated at 1500, the fatally injured NC was still missing. At approximately 1330, (b)(6) stated unknown to the Site 3 officer in charge (OIC), another NC had found the fatally injured NC's scorecard near Firebreak 25 where the stream crossed the road. At 1530, (b)(6) stated he notified the Snake Pit of a missing NC in accordance with the Lost Cadet standing operating procedure, and the Snake Pit was to notify the Cadet Summer Training tactical operations command. (b)(6) stated 20 NCs were sent out to search all the points that the fatally injured NC had on his scorecard. He stated a call was placed to the safeties by the Major Army Command to radio that the fatally injured NC was missing. He stated (b)(6), a committee member, drove around the course; (b)(6) and a (b)(6) drove from the Site 3 Headquarters (HQs), to Mineral Springs Road, to Highway (HWY) 32; and Site 2's noncommissioned officers drove from Proctoria Road, to HWY 293, to Route 6. (b)(6) stated range control provided a vehicle to search along Proctoria Road, which is historically where they find NCs. He stated (b)(6) (b)(6), a committee member, went on foot, to search the southern boundary, and (b)(6) went on foot, to search the area in the vicinity of Proctoria Road and Firebreak 25. (b)(6) stated at 1645, all NC search teams were back at the Site 3 HQ's without finding the fatally injured NC. He stated at approximately 1645, Safety Team 32 reported that they had found the fatally injured NC and that they needed a medic immediately. (b)(6) stated he sent (b)(6), the (b)(6) and the (b)(6) in his command vehicle to the fatally injured NC's reported location. (b)(6) stated he had lost communication

- (b)(6) -

with Safety Team 32 at this point. At 1701, (b)(6) stated (b)(6) (b)(6), the (b)(6), called him on his cellular telephone to inform him that the NC did not have any vital signs. He stated range control came to pick him up and transport him to the fatally injured NC's location, where he spoke with the military police and the Sheriff from Woodbury, New York.

End of summary

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT

SUMMARY OF WITNESS INTERVIEW

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL

CSOCS-308

| | | | |
|---|-------------------------------|---|----------------------------|
| 1. NAME OF WITNESS (LAST, FIRST, MI) (b)(6) | 2. OCCUPATION/TITLE (b)(6) | 3. GRADE (b)(6) | 4. DATE OF BIRTH (b)(6) |
| 5. ADDRESS (Include ZIP Code) (If military, include organization) 1st Plt, A Co, 4th Regt CBT, USMA West Point, NY 10996 | | 6. TELEPHONE NUMBER (Duty/Work) (b)(6) | |
| 8. EXPERIENCE AND BACKGROUND USMA, (b)(6) | | 7. DATE OF INTERVIEW (YYYYMMDD) 20110729 | |
| 9. LOCATION AT TIME OF ACCIDENT Land Navigation Course Site 3 | | 10. INTERVIEWER (Name and Grade) (b)(6) | |

11. **Promise of confidentiality.** A promise of confidentiality can only be offered in Limited Use Investigations, which normally are not ground accidents. For exception, see AR 385-10, paragraph 3-10.

a. Was a promise of confidentiality offered to the witness? ☐ Yes ☒ No (If yes, read blk 14a to the witness and complete blk 15. If no, read blk 14b to the witness.)

b. Confidentiality was requested by the witness. ☐ Yes ☒ No (If Yes, interviewer sign and date statement below.)

THE WITNESS MADE THIS STATEMENT UNDER A PROMISE OF CONFIDENTIALITY.

SIGNATURE OF INTERVIEWER

DATE (YYYYMMDD)

12. SUMMARY OF INTERVIEW

(b)(6) stated she was the (b)(6) (b)(6), Cadet Basic Training II. She stated she was the (b)(6) for the fatally injured new cadet (NC). On the day of the accident, prior to the course starting, (b)(6) stated she checked the fatally injured NC's water source and found the two canteens and camelback were not full, she directed him to top them off, and she rechecked prior to departure. She stated the fatally injured NC was really good at land navigation and was always the first to finish on the previous occasions.

On the day of the accident, (b)(6) stated she served as a roving safety on the course. She stated the roving personnel did not receive a safety briefing of responsibilities and she was not exactly sure why they were supposed to be walking around. At approximately 1030, she stated the acting cadet first sergeant told them not to stand around the start point and go out and rove the course. (b)(6) (b)(6) stated the cadets all headed up to Blackcap Mountain and sat up there because every year cadets traditionally sit on the mountain to have a scenic view and also look at the NCs struggle up the rugged terrain. She stated at approximately 1130, the Site 3 officer in charge (OIC) came up to Blackcap Mountain and told the cadets to get off the mountain and rove the lanes. It was also at this time when the Site 3 OIC told them that the point of the roving personnel is to help NCs if they are having problems.

End of summary

13. DATE OF ACCIDENT (YYYYMMDD)

20110721

14. GENERAL WITNESS INFORMATION BRIEFING (Interviewer must read appropriate instructions to the witness)

a. Promise of confidentiality offered.

(1) This accident investigation board has been convened under the provisions of Army Regulation 385-10 for the purpose of conducting a safety investigation.

(2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.

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(4) Nonconfidential witness interviews may be released to the public pursuant to a Freedom of Information Act request. If you wish to protect your interview from public release outside the military, then your interview must be pursuant to a promise of confidentiality. Confidentiality means that your interview will not be released to the public or outside DoD safety channels.

(5) Whether your interview is confidential or not, the chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes.

(6) If you ever have knowledge that your witness interview was used by the Army for anything other than accident prevention purposes (for example, disciplinary action against an individual), you should consult with your local Judge Advocate Defense Counsel Office and request that the Command Judge Advocate, U.S. Army Combat Readiness Center, be notified at DSN 558-2924 or commercial (334) 255-2924.

(7) The promise of confidentiality is available to you if you desire it. Do you desire it?

b. No promise of confidentiality offered.

(1) This accident investigation board has been convened under the provisions of AR 385-10 for the purpose of conducting a safety investigation.

(2) This may be just one of a number of investigations being conducted regarding this accident; collateral or legal investigations may be ongoing as well. Those investigations are entirely separate from a safety investigation and are also required to inform you of their purpose and of your legal rights.

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(4) The chain of command will review the final accident report, which may include a summary of your interview, but the chain of command may only use the investigation report and the interviews for safety and accident prevention purposes. The interview summary may be released to the public pursuant to a Freedom of Information Act request.

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b. If you do not wish a promise of confidentiality, you may decline such below. In that case, your interview will still be used in the military only for purposes of accident prevention, but it may be released outside of the military in response to a Freedom of Information Act request. Please indicate which option you desire by initialing one of the choices below:

_____ I request a promise of confidentiality. I understand that the results of my interview will be used within the military only for the purposes of accident prevention, and will also be protected from public release outside of the military under the Freedom of Information Act.

_____ I decline a promise of confidentiality. I understand that the results of my interview will be used within the military only for purposes of accident prevention. I also understand that the results may be publicly released outside of the military under the Freedom of Information Act.

Name of witness (Print Name - do not sign)

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT **INDEX A**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-308

1. DATE OF ACCIDENT (YYYYMMDD)

20110721

| 2. TAB | Information | Encl | Not Applic | See Remarks |
|-----------|--|------|---------------|----------------|
| 1 | Serious Incident/Casualty Report | ✓ | | |
| 2 | Copy of Orders Appointing Investigating Board | ✓ | | |
| 3 | Map of Accident Site | ✓ | | |
| 4 | Diagrams and/or Photographs | ✓ | | |
| 5 | Certificate of Damage/ECOD | | ✓ | |
| 6 | Copy of Deficiency Reports | | ✓ | |
| 7 | Copy of Directives, Regulations, Etc. | ✓ | | ✓ |
| 8 | Special Technical Reports and Laboratory Analysis | | ✓ | |
| 9 | Copy of Uncorrected Fault Record | | ✓ | |
| 10 | Copy of Equipment Modification Record (DA Form 2408-5) | | ✓ | |
| 11 | Weather Data | ✓ | | |
| 12 | Medical Data (Autopsy, Toxicology, AFIP, etc.) (In USACRC copy only) | ✓ | | |
| 13 | Other (Specify) | | | |
| 14 | Other (Specify) | | | |
| 15 | Other (Specify) | | | |
| 16 | Other (Specify) | | | |
| 17 | Other (Specify) | | | |
| 18 | Other (Specify) | | | |

3. REMARKS

7a. Extract of AR 385-10, The Army Safety Program, Chapter 13-9(e), Environmental hazards, dtd 23 August 2007, w/RAR 14 June 2010

7b. Extract of FM 5-19, Composite Risk Management, Chapter 1, The CRM Process, The Steps, dtd July 2006

UNCLASSIFIED

FROM: SUPERINTENDENT, WEST POINT NY//MASP //
TO: DA WASHINGTON DC//OPMG

SUBJECT: SIR 110013-A

1. CATEGORY: 2
2. TYPE OF INCIDENT: DEATH OF A WEST POINT NEW CADET (INITIAL REPORT)
3. DATE/TIME OF INCIDENT: 21 JUL 2011/APPROXIMATELY 1430
4. LOCATION: WEST POINT TRAINING AREA, LAND NAVIGATION SITE 3 WEST POINT, NY
5. OTHER INFORMATION:
 - A. RACIAL: CAUCASIAN.
 - B. TRAINEE INVOLVEMENT: NEW CADET IN BASIC TRAINING
6. PERSONNEL INVOLVED: ALPHA COMPANY CADET BASIC TRAINING; POC: (b)(6)
(b)(6)
 - A. SUBJECT: DEATH OF WEST POINT CADET
 - B. VICTIM:
 - (A) NAME: BOWER, JACOB D., NEW CADET
 - (B) PAY: NEW CADET
 - (C) SSN: (b)(6)
 - (D) RACE: CAU
 - (E) SEX: MALE
 - (F) AGE: 18
 - (G) SECURITY CLEARANCE: N/A
 - (H) A COMPANY, CADET BASIC TRAINING REGIMENT, UNITED STATES CORPS OF CADETS: UNITED STATES MILITARY ACADEMY, WEST POINT, NY 10996
 - (I) DUTY STATUS: ACTIVE
7. SUMMARY OF INCIDENT: CADET BOWER WAS REPORTED MISSING DURING LAND NAVIGATION TRAINING AFTER BEING 30 MINUTES OVERDUE FOR RETURN (DUE BACK NLT 1400). A SEARCH WAS CONDUCTED. HIS BODY WAS FOUND NEAR BULL POND ROAD IN THE WEST POINT TRAINING AREA. OFFICIAL TIME OF DEATH IS 1805.

UNCLASSIFIED

1

8. REMARKS: THIS IS A SUBSEQUENT REPORT. INFORMATION REGARDING THE INDIVIDUAL AND THE DETAILS RELATED TO HIS DEATH WILL BE PROVIDED IN FOLLOWUP REPORTS AS THEY ARE DEVELOPED.

- 0500 REVILLE
- 0530-0700 CONDUCTED INTERVAL/MUSCULAR STRENGTH ENDURANCE PHYSICAL TRAINING
- 0700 PERSONAL HYGIENE AND BREAKFAST
- 0830 PICKUP BY MILITARY VEHICLES AND TRANSPORTED TO LAND NAVIGATION SITE 3
- 0945-1030 PREPARATION TIME FOR INDIVIDUAL LAND NAVIGATION PLANNING AND MOVEMENT
- 1030-1430 TIME OF EXECUTION OF LAND NAVIGATION COURSE. UNIFORM WAS 2 ONE QUART CANTEENS, LOAD BEARING VEST, CAMEL BACK, EYEPRO, ACH ARMY COMBAT HELMET.
- 1430 THERE WERE 20 CADETS THAT HAD NOT RETURNED OUT OF 158; THIS IS VERY TYPICAL
- 1500 ALL CADETS WERE ACCOUNTED FOR EXCEPT BOWER. LANE SAFETY'S WERE NOTIFIED AND 3x TWO-MAN TEAMS WERE ALERTED AND TRAVELED DISMOUNTED AND WITH RADIOS UP AND DOWN THE ROADS IN SEARCH OF CADET BOWER.
- 1530 CADET BOWER WAS STILL NOT FOUND AND ADDITIONAL TWO-MAN BUDDY TEAMS WERE DISPATCHED AS WELL.
- 1600 TWO CADET CADRE MEMBERS (b)(6) AND (b)(6) FOUND CADET ON THE SIDE OF THE ROAD ON PROCTORIA ROAD (INITIAL REPORT WAS BULL POND ROAD). CADET WAS WITHIN THE BOUNDRIES OF THE TRAINING SITE.
- (b)(6) RECEIVED THE RADIO CALL REGARDING FINDING CADET BOWER AND WAS INFORMED THAT THIS WAS AN EMERGENCY AND THAT A MEDIC WAS NEEDED IMMEDIATELY.
- (b)(6) IMMEDIATELY CALLED 911 AND PROCEEDED TO THE SITE. HE AND THE MEDIC TOOK VITAL SIGNS – NONE WERE FOUND. (b)(6)
- (b)(6) CONTACTED USMA SENIOR CHAIN OF COMMAND AND INFORMED THEM OF THE CURRENT SITUATION.
- 1645 AMBULANCE AND FIRE DEPARTMENT ARRIVED AND POSITIONED CADET BOWER IN AN ATTEMPT TO REVITALIZE HIM.
- 1700 HIGHLAND FALLS, WOODBURY COMMONS POLICE, MILITARY POLICE AND RANGE CONTROL ALL ARRIVE AT THE SCENE.
- 1750 CID (LEAD AGENT (b)(6) ARRIVED ON SITE.
- 1800 USMA (b)(6) ARRIVED ON SITE.
- 1820 USMA (b)(6) ARRIVED ON SITE.
- ADDITIONAL INFORMATION: (b)(6) AND (b)(6) MADE THE DECISION TO CHANGE THE COURSE FROM A 12-POINT TO AN 8-POINT COURSE DUE TO THE WEATHER. ADDITIONALLY, 15 WATER CANS WERE SETUP AROUND THE

COURSE WITH ALL CADETS HAVING COORDINATES TO THOSE CANS IF NEEDED. CADETS IDENTIFIED AS POTENTIAL HEAT RISKS WERE BUDDIED UP WITH THEIR SQUAD LEADER. CADET BOWER WAS NOT IDENTIFIED AS A HEAT RISK INDIVIDUAL. CADET BOWER ALSO LOST HIS CARD, IT WAS FOUND BY (b)(6) AND TURNED IN. IT SHOWED THAT CADET BOWER HAD FOUND 7 OF 8 POINTS PRIOR TO LOSING HIS CARD. ALL OF THE EIGHT POINTS WERE APPROXIMATELY 500 METERS APART FROM EACH OTHER. THIS WAS THE COMPANY'S FOURTH AND LAST DAY OF LAND NAVIGATION.

9. PUBLICITY: NO MEDIA COVERAGE.

10. COMMANDER REPORTING: (b)(6)

11. POC: (b)(6)

12. DOWNGRADING INSTRUCTIONS: NONE



MASP

OFFICE OF THE SUPERINTENDENT
UNITED STATES MILITARY ACADEMY
WEST POINT, NEW YORK 10996-5000

26 July 2011

MEMORANDUM FOR (b)(6) United States Army Combat Readiness/Safety
Center (USACRSC), Fort Rucker, Alabama 36362

SUBJECT: Accident Investigation Board Appointment Orders

1. Under the provisions of AR 385-10, Accident Reporting and Records, dated 14 June 2010, the following individuals are appointed as the accident investigation board members for the Class A accident that occurred on 21 July 2011 at West Point, New York:

BOARD PRESIDENT: (b)(6) USACRSC

BOARD RECORDER: (b)(6) USACRSC

BOARD MEMBER: (b)(6), Keller Army Community Hospital (medical officer)

BOARD ADVISOR: (b)(6), U.S. Army Cadet Command (non-voting)

2. The purpose of the accident investigation is to gather and evaluate evidence, determine causal and/or contributing factors, and prepare findings and recommendations to prevent future accidents. Individuals will be released from all other duties for full-time participation in the subject investigation.

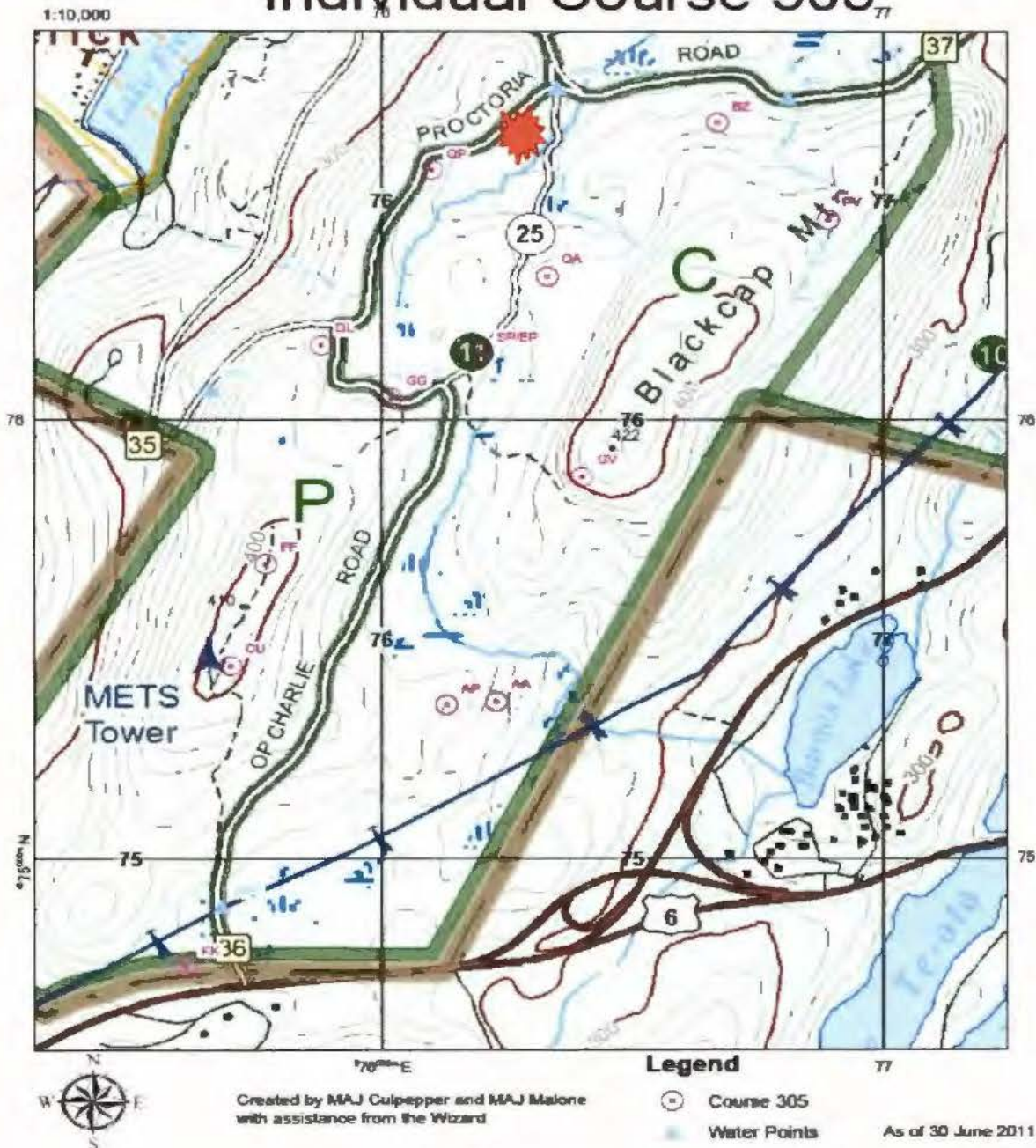
3. These appointment orders are subject to subsequent amendment/augmentation, to include additional subject matter experts.

4. In accordance with the Health Insurance Portability and Accountability Act, I delegate my authority as a military commander to members of the board to access protected health information about individuals who are Armed Forces personnel when it is deemed necessary by the board president to assure the proper investigation of this accident.

5. The point of contact for this action is (b)(6), the U.S. Army Garrison – West Point (b)(6).

DAVID H. HUNTOON, JR.
LTG, U.S. Army
Superintendent

Individual Course 305



Map -- Cadet Basic Training, West Point, NY, 21 July 2011

The map shows the Land Navigation Course that was utilized by the New Cadets (NCs) on the day of the accident. The red star burst shows the location the fatally injured NC was found, off Proctoria Road.



Photo 1 -- Cadet Basic Training, West Point, NY, 21 July 2011

The photo shows a close-up of the location the fatally injured NC was found; Proctoria Road is approximately 10 feet from the top of the embankment.

Safety

The Army Safety Program

Rapid Action Revision (RAR) Issue Date: 14 June 2010

Headquarters
Department of the Army
Washington, DC
23 August 2007

UNCLASSIFIED

7a.

13-4. Army civilian safety personnel deployment

Deployment of Army civilian safety personnel will be accomplished in accordance with AR 690-11 and DA Pam 690-47.

13-5. Safety personnel planning

Prior to contingency and tactical operations, all unit safety personnel and collateral duty safety personnel should—

- a.* Meet to review the operations order, its safety implications, and coordinate responsibilities.
- b.* Ensure that means have been established to meet periodically during the training and contingency and tactical operations to meet and share experiences and lessons learned.
- c.* Ensure that means of contacting each safety individual is in place.

13-6. Safety training

All participants will be provided safety training in those areas needed for a safe and efficient execution of the operation. This training shall specifically address—

- a.* The PPE required.
- b.* General safety requirements particular to the contingency and tactical operations.
- c.* Special safety requirements.
- d.* Lessons learned from previous contingency and tactical operations.
- e.* Procedures for reporting and responding to accidents.

13-7. Army Safety Augmentation Detachment

a. The Army Safety Augmentation Detachment (ASAD) consists of IMA Soldiers who are trained in safety through the Combat Safety Officers Course.

b. The mission of the ASAD is to provide trained augmentees in the event of mobilization to serve as unit safety officers/NCOs for brigade and larger units. The ASAD is the DOD-unique organization providing ground safety support to worldwide contingency and Army Joint training exercises.

c. Requests for support must be forwarded through DCS, G-3/5/7 tasking channels to HQ FORSCOM (AFPE-SO). Requests should normally be submitted no less than 60 days in advance of the requested start date and will be submitted in accordance with AR 500-5, FC REG 350-12, Procedures for Tasking and Support from Active Component Installations and Units, and FC REG 500-3-1, Vol 1, Annex E (Forces Command (FORSCOM) Mobilization and Deployment Series (FORMDEPS)).

13-8. Tactical water safety operations

Commanders of units conducting water operations will develop and implement standard procedures and advanced training for vehicle swimming, fording operations and stream crossings. Commanders in the grade of O-6 and above must approve deviations from the SOP.

13-9. Environmental hazards

The DA policy is to conserve the Army's fighting strength by controlling preventable disease and injury through command-oriented occupational, environmental, and personal protection programs. All personnel are responsible for maintaining their own health and fitness. Preventable personnel losses from heat, cold, diseases or other environmental factors are important. History has repeatedly shown that non-battle losses have played a significant role in the outcome of military operations. While mission requirements will dictate unit policies, commanders must evaluate the effects of environmental hazards on their ability to complete the mission. The following hazards must be assessed using the CRM process and appropriate methods taken to minimize the risk:

- a.* High altitude.
- b.* Disease vectors.
- c.* Contaminated food and water.
- d.* Poor air quality.
- e.* Heat.
- f.* Cold.

13-10. Bivouac areas

Many accidents occur in bivouac areas (especially at night) and most are due to violation of existing standards and complacency. Commanders must enforce discipline in bivouac areas to minimize accidents and provide procedures for—

- a.* Site selection.
- b.* Camouflage.
- c.* Field sanitation.

Field Manual
No. 5-19 (100-14)

Headquarters
Department of the Army
Washington, DC, July 2006

Composite Risk Management

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*This publication supersedes FM 100-14 dated 23 April 1998 with change 1 dated 8 August 2005.

does not matter where or how the loss occurs, the result is the same—decreased combat power or mission effectiveness. The guiding principles of CRM are as follows:

- Integrate CRM into all phases of missions and operations. Effective CRM requires that the process be integrated into all phases of mission or operational planning, preparation, execution, and recovery.
- Make risk decisions at the appropriate level. As a decisionmaking tool, CRM is only effective when the information is passed to the appropriate level of command for decision. Commanders are required to establish and publish approval authority for decisionmaking. This may be a separate policy, specifically addressed in regulatory guidance, or addressed in the commander's training guidance. Approval authority for risk decisionmaking is usually based on guidance from higher HQ.
- Accept no unnecessary risk. Accept no level of risk unless the potential gain or benefit outweighs the potential loss. CRM is a decisionmaking tool to assist the commander, leader, or individual in identifying, assessing, and controlling risks in order to make informed decisions that balance risk costs (losses) against mission benefits (potential gains).
- Apply the process cyclically and continuously. CRM is a continuous process applied across the full spectrum of Army training and operations, individual and collective day-to-day activities and events, and base operations functions. It is a cyclic process that is used to continuously identify and assess hazards, develop and implement controls, and evaluate outcomes.
- Do not be risk averse. Identify and control the hazards; complete the mission.

(b)(5)

THE STEPS

1-1. CRM is a five-step process:

- Step 1 – Identify hazards.

- Step 2 – Assess hazards to determine risk.
- Step 3 – Develop controls and make risk decisions.
- Step 4 – Implement controls.
- Step 5 – Supervise and evaluate.

Steps 1 and 2 are assessment steps, steps 3 through 5 are management. See Figure 1-2.

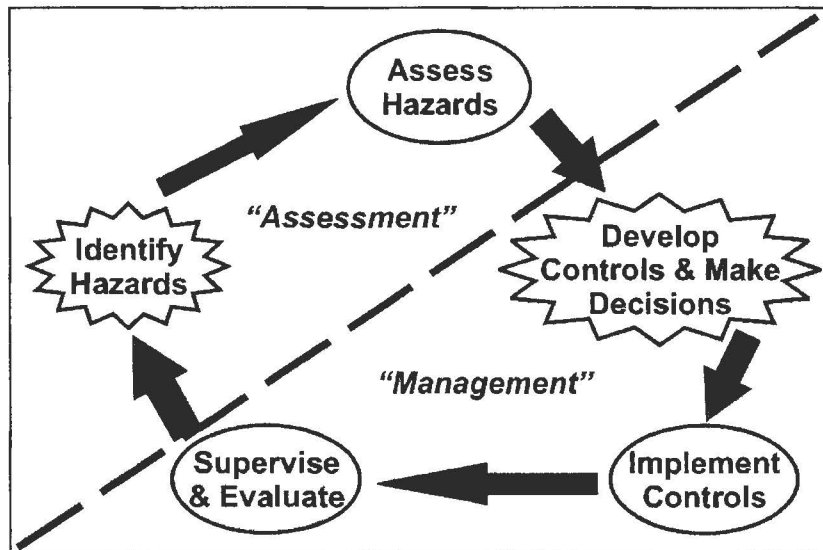


Figure 1-2. CRM process

STEP 1- IDENTIFY HAZARDS

1-2. What is a hazard? A hazard is a condition with the potential to cause injury, illness, or death of personnel; damage to or loss of equipment or property; or mission degradation. A hazard may also be a situation or event that can result in degradation of capabilities or mission failure. Hazards exist in all environments—combat operations, stability operations, base support operations, training, garrison activities, and off-duty activities.

1-3. How are hazards identified? The factors of mission, enemy, terrain and weather, troops and support available, time available, and civil considerations (METT-TC) serve as a standard format for identification of hazards, on-duty or off-duty. The factors of METT-TC are used because they are institutionalized in the Army. They are part of the common knowledge imparted through the Army's professional military education and initial entry training. See Figure 1-3.

Weather Underground Weather Data for West Point, NY, 21 July 2011

(b)(5)

| Time (EDT) | Temp. | Heat Index | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions |
|------------|---------|------------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|------------------|
| 12:45 AM | 78.8 °F | - | 71.6 °F | 78% | 29.87 in | 6.0 mi | Variable | 3.5 mph | - | N/A | | Partly Cloudy |
| 1:45 AM | 73.4 °F | - | 71.6 °F | 94% | 29.86 in | 4.0 mi | Calm | Calm | - | N/A | | Clear |
| 3:45 AM | 75.2 °F | - | 73.4 °F | 94% | 29.85 in | 4.0 mi | Calm | Calm | - | N/A | | Clear |
| 4:45 AM | 75.2 °F | - | 71.6 °F | 89% | 29.84 in | 4.0 mi | Calm | Calm | - | N/A | | Scattered Clouds |
| 5:50 AM | 75.2 °F | - | 73.4 °F | 94% | 29.85 in | 2.5 mi | WSW | 4.6 mph | - | N/A | | Scattered Clouds |
| 7:45 AM | 77.0 °F | - | 73.4 °F | 89% | 29.84 in | 3.0 mi | Variable | 4.6 mph | - | N/A | | Partly Cloudy |
| 8:45 AM | 80.6 °F | 86.2 °F | 75.2 °F | 84% | 29.84 in | 5.0 mi | West | 8.1 mph | - | N/A | | Clear |
| 9:45 AM | 84.2 °F | 92.3 °F | 75.2 °F | 74% | 29.81 in | 5.0 mi | West | 11.5 mph | - | N/A | | Clear |
| 10:50 AM | 87.8 °F | 97.6 °F | 75.2 °F | 66% | 29.80 in | 4.0 mi | West | 9.2 mph | - | N/A | | Haze |
| 11:55 AM | 91.4 °F | 102.5 °F | 75.2 °F | 59% | 29.80 in | 5.0 mi | WSW | 11.5 mph | - | N/A | | Haze |
| 12:50 PM | 93.2 °F | 105.0 °F | 75.2 °F | 56% | 29.78 in | 6.0 mi | WSW | 11.5 mph | - | N/A | | Haze |
| 1:45 PM | 75.2 °F | - | 73.4 °F | 94% | 29.77 in | 6.0 mi | WSW | 17.3 mph | 23.0 mph | N/A | | Haze |
| 2:45 PM | 95.0 °F | 104.5 °F | 73.4 °F | 49% | 29.76 in | 6.0 mi | WSW | 17.3 mph | 23.0 mph | N/A | | Haze |
| 3:45 PM | 95.0 °F | 104.5 °F | 73.4 °F | 49% | 29.74 in | 6.0 mi | WSW | 17.3 mph | 23.0 mph | N/A | | Haze |
| 4:45 PM | 95.0 °F | 104.5 °F | 73.4 °F | 49% | 29.74 in | 6.0 mi | West | 17.3 mph | 23.0 mph | N/A | | Haze |
| 5:45 PM | 95.0 °F | 103.2 °F | 71.6 °F | 47% | 29.74 in | 6.0 mi | SSW | 11.5 mph | 23.0 mph | N/A | | Haze |
| 6:45 PM | 93.2 °F | 100.5 °F | 71.6 °F | 49% | 29.74 in | 6.0 mi | WSW | 9.2 mph | - | N/A | | Haze |
| 7:45 PM | 91.4 °F | 98.4 °F | 71.6 °F | 52% | 29.74 in | 6.0 mi | WSW | 5.8 mph | - | N/A | | Haze |
| 8:45 PM | 89.6 °F | 96.2 °F | 71.6 °F | 55% | 29.75 in | 7.0 mi | West | 4.6 mph | - | N/A | | Clear |
| 9:45 PM | 87.8 °F | 93.8 °F | 71.6 °F | 58% | 29.77 in | 7.0 mi | Calm | Calm | - | N/A | | Clear |
| 10:45 PM | 86.0 °F | 93.4 °F | 73.4 °F | 66% | 29.78 in | 7.0 mi | WSW | 6.9 mph | - | N/A | | Partly Cloudy |
| 11:45 PM | 84.2 °F | 90.9 °F | 73.4 °F | 70% | 29.78 in | 10.0 mi | Variable | 3.5 mph | - | N/A | | Partly Cloudy |



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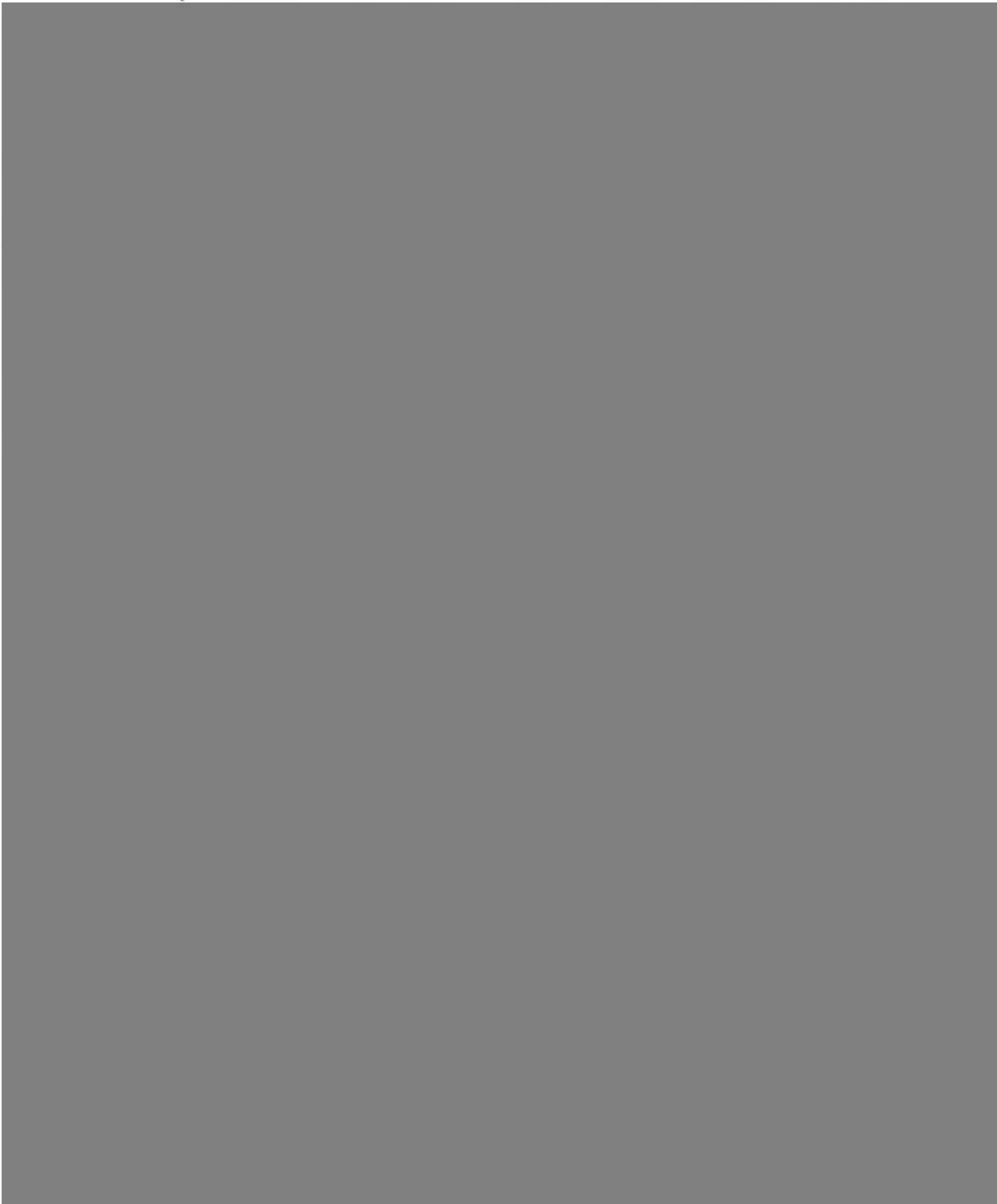
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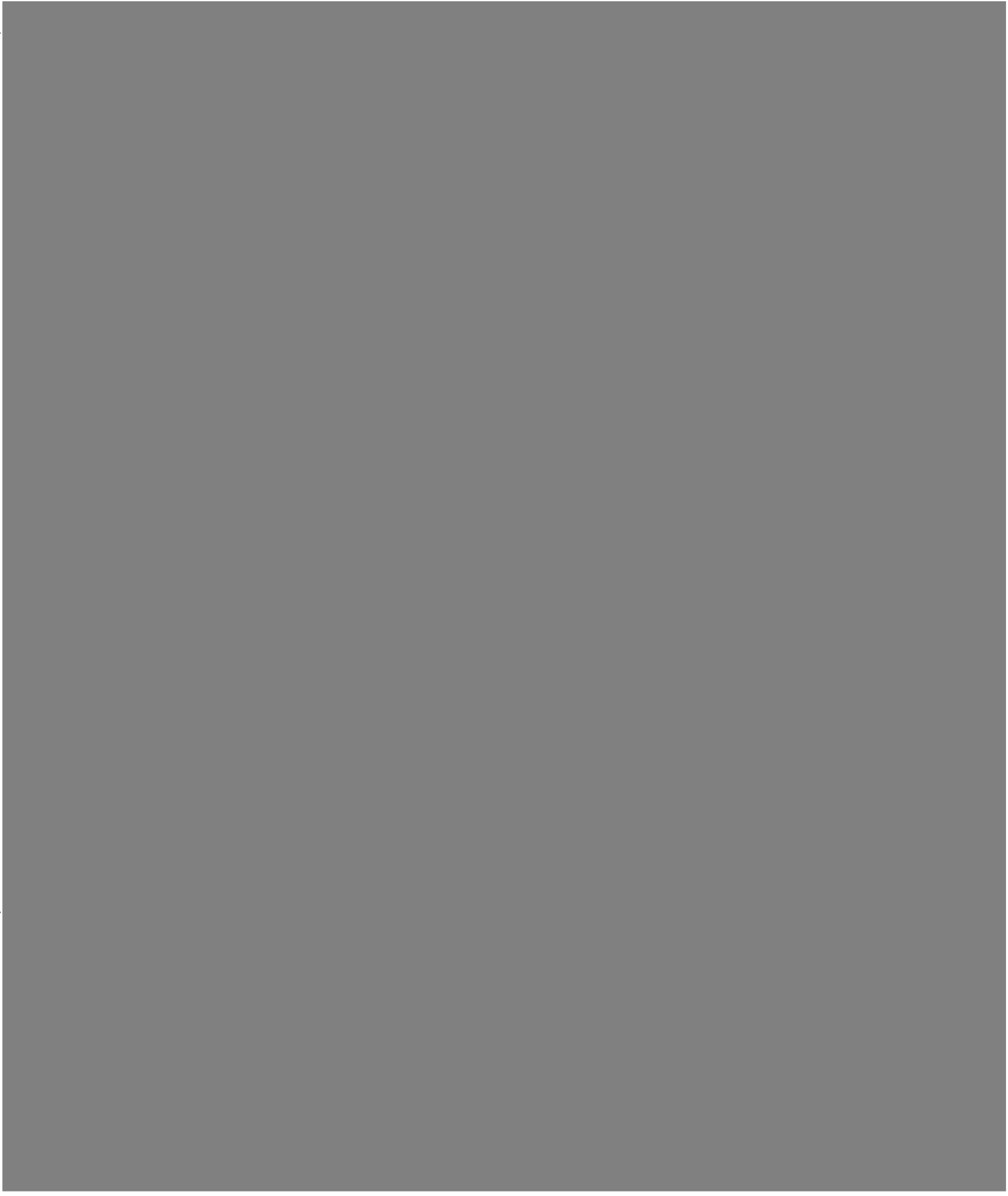
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Jesse E. Edwards Registry of Cardiovascular Disease.

333 North Smith Avenue / Room 4625
St Paul, MN 55102
Phone: 651-241-5568
FAX: 651-241-7114

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Medical Director
Shannon M. Mackey-Bojack, MD

Associate Pathologist
Entily R. Duncanson, MD

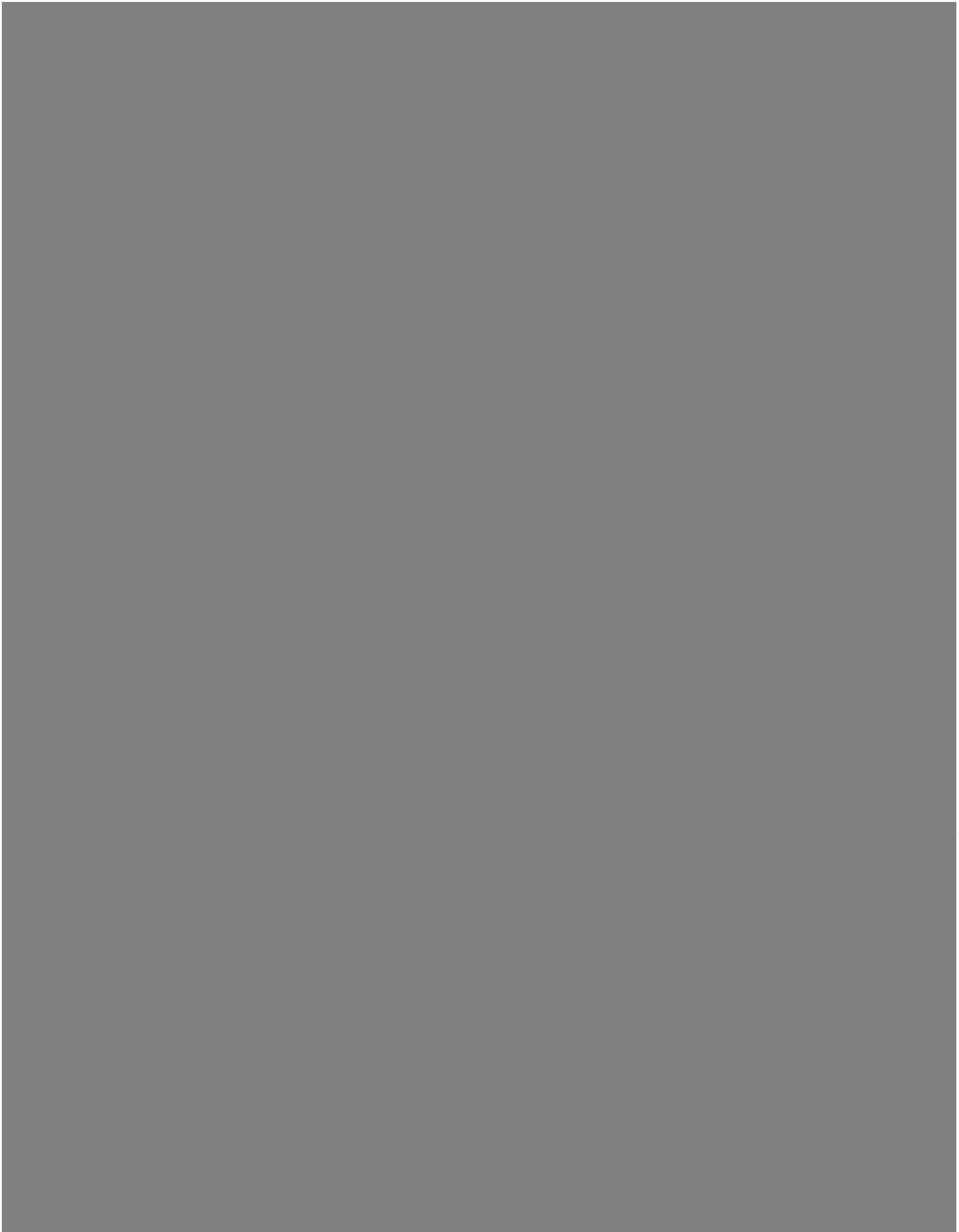
Associate Pathologist
Susan J. Roe, MD

Pathology Assistant
Richard Dykoski

August 17, 2011

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PETER M. FARMER, M.D.
FORENSIC NEUROPATHOLOGIST
6 OHIO DRIVE
NEW HYDE PARK, NY 11042

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com



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